VS A15 (4) 15M 9/55

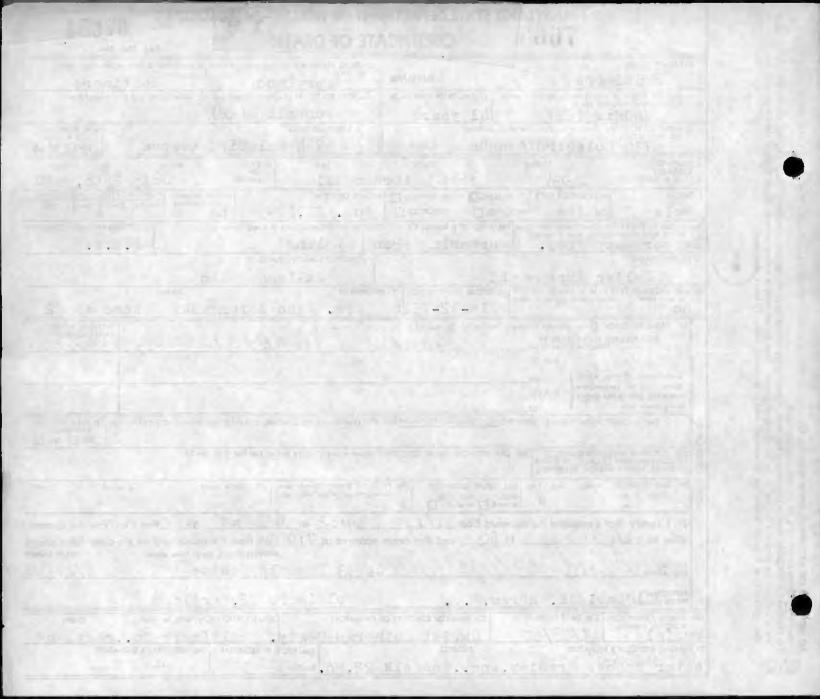
	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7668	CERTIFICATE	OF	DEATH	

### CERTIFICATE OF DEATH

07654

Reg. Dist. No.

1. PLA	CE OF DEATH	nore		MAI	RYLAND	2. USUAL RESIDENCE (		ed lived. If institut b. COUNTY	27 60 4	_		ion)
	CITY OR TOWN (II	outside corporate limit	ts, write c	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (		orote limits, write f	Balt RURAL ond s			1)
F	Dunda.	/	)	ıl vear	S	SR Dunda		22)	-			
d.	NAME OF HOSPITA	AL (If not in hospital, g	ive street od			d. STREET ADDRESS	, ,			e.		IDENCE
	6734.	Holabird	Avenu	16		1 6734	Holab	ird Ave	nue			NO T
	ME OF EASED	Fir	st	Midd	le	Lost	4. DATE	Moi	nth	Day	,	Year
	pe or print)	John		++++	Abr	amowski	DEATH	1	July	25t	h.	1960
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED 🗌	B. DATE OF BIRTH		9. AGE (In years		1 YEAR I	FUNDE	R 24 HRS.
m	ale	white	WIDOWED	DIVOR	CED []	Aug. 21,1	1895	64 m		Days	Hours	Min.
10a. U	SUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	done 10b. Kil	ND OF BUSINESS	OR INDU	TRY 11. BIRTHPLACE (Ste	ote or foreign	country)	12. CIT	ZEN OF	WHAT	COUNTRY
		op Prop.	Bar	rbering	(Me	n) Poland	1		U.	S.A	.0.	
13. FAI	THER'S NAME					14. MOTHER'S MAIDE	N NAME					
		an Abramo				Juli	anna	Ulko				
15. W/	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SO			NFORMANT		Add	iress			
n				16-32-7	526	Mrs. Jea	in Abr	amowski	Se	me	88	#2
c t	Conditions, if on gove rise to in order (o), stating to ying couse lost.	he under-	)		DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART		WAS	AUTOPSY
CATE												RMED?
CER	d. ACCIDENT WAR R CONTRIBUTING EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY	OCCURRE	O. (Enter nature of injury	in Part 1 or Pa	rt II of item 18.)	`			
WEDICAL 20	C. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yes	While	Not while of work	20e. Piz	ACE OF INJURY IHome, for clory, street, office bldg.,	orm, 20f. (Cit	y or town)	(0	ounty)		(Stote)
Af Si	CTUAL GNATURE STANKE (Type) DE	avid H. An	12 60 - (//	and the	Zie	Baltimo	ADDRESS (S lalk A	m the causes of the town,	stote)	ast sav	7/2	ed abave. ATE SIGNED 27/60
Bul]	EMOVAL (Specify) P181 NEAL DIRECTORS	3/28/6	Vorces	Christ	Lut	heran Cemt	B. B. REGIS	altimor	e Co.	NATURE		•
al	ter Bro	oks Bradl	ev. Wr	ne / Dun	dalk	22. Md DATE	JUL 28	60 a	other S.	Kine	4	



TO HO

VR A15 (4) 15M 9/59

I

# MARYLAND STATE DEPARTMENT OF HEALTH 769 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07655

	PLACE OF DEATH  o. COUNTY  BALTIMORE  MARYLANE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND						
	b. CITY OR TOWN (II	outside corporate limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	FORT 1	HOWARD	9 Hours		BALTT	MORE	2	NO 1	-4		
	d. NAME OF HOSPIT	AL (If not in hospital, give street			d. STREET ADDRESS	P 8 A 4 3004		-		RESIDENCE	
	OR INSTITUTION VETERAL	NS ADMINISTRATI	ON HOSPITAL		14 So	uth Bor	nd Street			NO A	
	NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	Yeor	
	(Type or print)	CLAUDE		AL	EXANDER	DEATH	JUL	Y	12	1960	
5.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		ATE OF BIRTH	-	9. AGE (In years last birthday)			NDER 24 HRS.	
	MALE	COLORED WIDOW	/ED DIVORCED	3 '	July 9 188	b	74 yrs.	Months	Days Hou	rs Min.	
100	USUAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (Sto	ote or foreign (	country)	12. CITIZ	EN OF WHA	TCOUNTRY?	
	Labore				Augus	ta, Geo	orgia	U	J.S.A		
13.	FATHER'S NAME		1	4. MOTHER'S MAIDEN	NAME						
		Unkown				Unko	wn				
			SOCIAL SECURITY NO. 1	7, INFO	RMANT		Adda	ess			
{Ye	Yes	If yes, give wor or dates of service)		Cli	n. REc., VA	H Balto	18. Md 1	Tt How	ard D	ivision	
	18. CAUSE OF DEA	TH   Enter only one couse per l	ine for (o), (b), and (c).]						INTERVAL	BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: UF	PER RESPIRAT	ORY I	HEMORRHAGE				5 m	ND DEATH	
	110	IMMEDIATE CAUSE (D)	AMOUS CARCING		OF BRONCHU	S			Unde		
	1000	300.10							01101		
	Conditions, if or	nmediate		-					-		
	couse (o), stating										
7	lying couse lost.	) (c)		A. 100 1 1/4					11 / 120 / 110		
CATION		ER SIGNIFICANT CONDITIONS		-					1(a) 19. VV	FORMED?	
		s of anterior						110-	YES	□ NO 🔼	
CERTIF	OR CONTRIBUTING	S UNDERLYING   206. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (I	inter noture of injury	th Part I St Pa	PHP <del>bPRe</del> m 18.)				
MEDICAL	20c TIME OF INJUR			PLACE	OF INJURY (Home, fo	orm, 20f. (Cit	y or town)	(Co	ounty)	(Stote)	
WED	Hour o.m.	19 of wo	Not while	rociory	, street, office bldg.,	erc.)		2.054	N/		
_	21. I certify tha	t (K (this haspital) atten		m .Tiz	3:00	1905AMO	July 12			(we) last	
		ed alive an July 12			th accurred at	M from	the couses an				
	220. SIGNATURE	The state of the s		ar aca	Toccorred di		1110 000000 011	a del tric	3010 3101	22b.DATE	
	1	A DI		M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			7/12/6	
	22c. PHYSICIANS	Muanno	rhi		22d. ADDRESS					1,1	
	NAME (Type)	ALTER J. PIJAN	OWSKI, M.D.		VAH BAL	TIMORE	18, MD F	HOWA	RD_DI	ISION	
230	BURIAL, CREMATIO	N. 236 DATE THEREOF	23c. NAME OF CEMETER	RY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(5	tote)	
	Rurial	1-13-60	Baltimore	Nat:	lonal	Balt	o. Md				
24.	FUNCTAL DIRECTOR	Signature loon -	ADDRESS		2\$o. RE	EC'D BY REGIS		STRAR'S SIG			
	Elroy O W	Mson 2004 Orle	ans St. Balto	Md c	DATE	JUL 26	60 (	Irillus d	1. Hims		

A STATE OF THE STA Color of the second production of the second party of the second Market Committee of the second Committee and t The state of the s

TO HO

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07656

-	1000	
1.	1. PLACE OF DEATH O. COUNTY  ALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution of the state of	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cockey Sullie  LENGTH OF STAY IN 1b  COCKEY SULLE  COCKEY SULLE	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  d. STREET ADDRESS  POSLEY  R  O	• IS RESIDENCE ON A FARM? YES 1 NO W
3.	3. NAME OF DECEASED (Type or print) WILLIAM RALPH ANDERSON OF DEATH JUL	th Day Year 4 28 160
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B, DATE OF BIRTH  WIDOWED   DIVORCED   DAW 2, 1882   9. AGE (In years last birthday)  YES.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Swite or foreign country)  OREENCOUNTY, ISSOURI	U.S.A.
13	LORENZO KING ANDERSON JOSEPHINE EVANS	3
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1945, no. or unknown) (19 yes, give wor or dates of service) 486-44-4028 Nes LOHN GETER DANG HEED BOSL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  ONBESTIVE HEAVET FAIL DEE	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b) PULMONARY FISROSIS	IOYR
	gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  [c] ENPHYSEMA	ZOYR
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV  ACCIDENT WAS UNDERLYING   20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTING  CONTRIBUTING  CONTRIBUTING  CONTRIBUTION  CONTRIBUTI	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to do my foctory, street, office bldg., etc.)  While Not while of work of work of work of work.	(County) (State)
	21. I certify that (1) (this haspital) attended the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to the deceased fram 71 successfully (this haspital) attended to	that (IV (we) last an the date stated above.
ı	22a. SIGNATURE  DO LOGO LA PHYS. ATTENDING MED. DIRECTOR STAFF PHYS	22b DATE SIGNED
	22c. PHISICIAN'S DONALD O. WOOD M.D. 22d. ADDRESS YORK ROGREENMEADOW	Timonium, MD.
23	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY BURIAL (Specify) AUG 1ST, 1960 MAPLE PARK CEMETERY GREENE COL	MISSOURI
1	May 7 7 12 12 12 12 12 12 12 12 12 12 12 12 12	STRAR'S SIGNATURE

OTJAL ..... BSRW/TTJAN SURIVERSALSOC Billy Sally Van 1 7 Y 3100 A LANGE OF THE RESIDENCE OF THE PARTY OF THE DE TO BUILT TO THE Thursday Thursday MALE BURNES OF A RESIDENCE OF THE STATE OF T MOUNT ISHON TURTASINGS EVAL THE STREET YEAR PORT OF A.Marchay W.S. DEADLY FRONT STOR SHOULD AND THE 77 /42/149 911 20121 with X and the second of the s

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7694 CERTIFICATE OF DEATH

07657

Reg. Dist. No. 32

o. COUNTY	ore County		MARYLAND	2. USUAL RESIDENCE (N		. If institution: Residen	nce before admission)
b. CITY OR TOV RURAL and gi	VN (If outside corporate line recrest town) Son, Marylan		LENGTH OF STAY IN 18	Baltin	f outside corporate li	mits, write RURAL and	give nearest town)
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital,	give street odd	lress)	d. STREET ADDRESS	16320 01	id Washin	ON A FARM?
3. NAME OF DECEASED (Type or print)	PAUL	rst	Middle M·M·I.	AREN	4. DATE OF DEATH	July	Day Year
S. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCED	8. DATE OF BIRTH	393.	t birthdoy) Months  yrs.	Doys Hours Min.
during most of	PATION (Give kind of work working life, even if retired to the control of the con	done 10b. KIN	ND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Sto	ria country)	12. CIT	ZEN OF WHAT COUNTRY
13. FATHER'S NAMI	AREN			14. MOTHER'S MAIDEN	ESHE	GRA	
15. WAS DECEASED (Yes, no, or unknown)	(If yes, give war or dates of		CIAL SECURITY NO.	INFORMANT IOSPITAL Recor	ds, Mt. W	Address ilson State	Hospital
Conditions,	to immediate DUE TO	b)	advance	& Britaileral	tuberc	uliris	ONSET AND DEATH
ZOLY S LO PART II.  S LO PART II.  S CONTRIBUTION OR CONTRIBUT	OTHER SIGNIFICANT CON	MOITIONS COM	ATRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PAR	PERFORMED?
	T WAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRI	8E <sup>®</sup> HOW INJURY OCCUR	RED. (Enter noture of injury i	in Port I or Port II of	item 18.)	
20c. TIME OF II Hour o		White of work	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., e		wn) (	County) (Stoke
21. I certifi	y that I attended the	e deceased	fram 2 ·	19, 1957, to_	7.1		ast saw the decease
alive on	7.1	196	o, and that dea	th accurred at 3:16			
ACTUAL SIGNATURE	Villiam	Min	vimu		ADDRESS (Street, o	city or lown, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)	Wm. Newcome	r, M.D.	., Superinte				
220. SURIAL, CREM REMOVAL ISA BUTIAT	ATION, 22b. DATE THERE ecify) 7/5/6		c. NAME OF CEMETERY		22d. LOCATION (	(City, fown, or county) ige, Mary	land (Stote)
23. FUNERAL DIREC	TOR'S SIGNATURE	6600	ADDRESS 4107	Wilkens 240. RE	C'D 8Y REGISTRAR	24b. REGISTRAR'S SI	

Burthmered on otherwalling bendyout subject the BANGER HIPA-EN 18 Tirthan again mailting 1578 LUCE 3 ARRESHE SHERRY La light desire and it. It is present in the plant by the court for the present and produced the second of the sec England. to a 100 to leave the complete the second of -0.00 man were to be a state of the bonderson, captionle FLACE TO PROSE THE STATE OF THE law requires that the death certificate be

stained 3 should

page

0

VS A15 (4)

15M 9/58

he

1	9
ne attending physician and completely filled in by the funeral director,	hen please Immove carbon papers. Pages 1 and 2 should be filed with within 72 hours after death.
in by	and 2
filled	100
completely	papers. Pa
on ond	after de
physici	Mmove Shours
attending	nen please ramava carbon par ent whein 72 hours after death
9	an tu

urs ofter death. Pagm

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7695 CERTIFICATE OF DEATH

07658

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Lutherville Lutherville d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE STREET ADDRESS OR INSTITUTION ON A FARM? 1445 Burton Ave. 1445 Burton Ave. YES NO Z NAME OF 4. DATE Middle Lost Month Year DECEASED William Grafton Barrett, Sr. 60 DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs white 4-14-1905 male WIDOWED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dept. Balto. during most of working life, even if retired) Maryland U.S.A. Hwys Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick G. Barrett Mary Kelbaugh INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address -2610 Mary Louise Barrett above no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND PEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mondy **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Haur a. m. While Nat while p. m. at work at wark 21. I certify that I attended the deceased from 19/2 Chat I last saw the deceased and that death accurred at A. M. fram the causes and an the date stated above. ABORESS (Street, city or town, state) DATE\_SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, Iown, or county) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) Burial -18-60 CockeysVille. Md. Poplar Grove 23. FUNERAL DIRECTOR'S ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUL 2 0 '60 Orthun S. Kraus Service. Towson 4, Md. DATE

## STATE OF STATEMENTS - CUITS

ersout disking the transfer of

940341425

silivesdani silivesdani

TANS DIRECTOR AVE. 1445 SLEDON AVE. E. VI

William Grafton Spreatt, Se.

cale wates 2 4-14-1995 25-

Foresum ingr Dept. Milto. Cury local Milton

The text of the state of the st

axode - lastrel estudi (se 0195-70-875 )

L'O raine et le colo conort

war was a self to the property

Land to the second of the second

Surface Foundation Former Grays (No. 1975) 110, 13, 125 to Full Control Contro

1			MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18	AMARK
	X		7696 CERTIFICA	ATE OF DEATH	07659
Page 4 director, led with	11	1	PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Res	
erol be t	V.		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL of	
er de pold	(1)	-	White Marsh d NAME OF HOSPITAL (If not in hospital, give street address)	White Marsh	ic pro prover
by the	Y		OR INSTITUTION	d. SIREEL AUDICESS	e IS RES.DENCE ON A FARM? YES NOXX
hin and y filled in b			NAME OF DECEASED (Type or print) Amb S Garman	Bechtel 4. DATE OF DEATH J./	4 1960
pletely irs. Pag			6. COLOR OR RACE 7 MARRIED WIDOWED DIVORCED DI	July 28, 1910 49 yrs. Mont	DER YEAR IF UNDER 24 HRS hs Doys Hours Min.
executand com			during most of working life, even if retired)  Cestaurant Owner Restaurant	STRY 11. BIRTHPLACE (State or foreign country) 12. Penna.	U.S.A.
e be excarbon after d	1-	_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ofe e co	( -	A	Harry Bechtel	Ada Garman	
g physici remove 72 hours	(1)	)5 (Ye	s no or unknown)   (If yes, give wor or dates of service)	Anna D. Bechtel, White M	arsh. Md.
eath ease hin		=	18. CAUSE OF DEATH [Enter only one couse per line (a) (b), ond (c).]		LINTERVAL BETWEEN
othe de			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COTO WOTH	000/uss/ore	CHISET AND DEATH
the The even			F3 DUE TO		
and the			Conditions, if any, which gove rise to immediate (b)		
quir.			couse (a), stating the under-		
en sen s	# 1° 0	Z	lying couse lost. (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AUTOPSY
physical physical physical phasical phasical photograph in the physical photograph in the photograph i	The state of the s	CERTIFICATION			PERFORMED? YES NO Y
tending ifficate of the bu			20g. ACCIDENT WAS UNDERLYING   OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
PHYSIC al or of his cert use os emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pt. Hour o. m. 19 Of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (State)
NG Spit Her t d for	al		21. I certify that I attended the deceased from March	1 196010 July 1960tha	t I last saw the deceased
No Per	- 1			occurred at 5	
RECTOR SECTOR De detc	1		ACTUAL William W. Typon	M.D. Hings ville, Md	7-4-60
SAL Dishould should stror po			PHYSICIAN'S William A. Tyson, M.I	Kingsville, Md.	7-4-60
Ne 3		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or coun	ity) (Stote)
O O O O O O O O O O O O O O O O O O O		-	Burial 7/7/60 West Greent	tree Cemetery, Elizabetht	
VS A15 (4)		23.	funeral directors signature . Tarring Dorfaneral Aberdeen, Mo	Home 246 REC'D BY REGISTRAR 246 REGISTRAR 24	S SIGNATURE
15M 10/57		7	John G. Tarring		



VS A15 (4) 15M 9/S5

		767	8 CERTIFICA	ATE OF DEATH	-1		Reg. Dist. No	760	5()
	LACE OF DEATH	ltimore	MARYLAND	2. USUAL RESIDENCE (WI			n: Residence before Mary.		(noi
	RURAL ond give ne Relay			e. CITY OR TOWN (IF a			RAL and give ne	arest towi	n) //
Ľ	OR INSTITUTION	At (If not in hospital, give stre Relay Hill Hos	et oddress) pital	d. STREET ADDRESS					FARM?
	AAME OF DECEASED Type or print)	Paul		Berlin	4. DATE OF DEATH	July	13		Year 1960
	nale	white wino	WED DIVORCED 2	Aug. 3, 186	37 7	birthday) yrs.	Months Days	Hours	ER 24 HRS. Min.
100	during most of work	ON (Give kind of work done 10 ing tife even if retired)  10 = Western Ma	b. KIND OF BUSINESS OR INDU ryland Railroad	Penna		)	U.S.		COUNTR
13.	Edward	Berlin				Keighl	ey		
15. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FORCES?		ughter: Mary	Josephine Pittsb		n Axels	on	- 207
	PART I. DEA	nmediole (	1 +	cotic CAK	010-Vasc	rlan I	), seare ON	195	my y
CERTIFICATION		(c) TER SIGNIFICANT CONDITION as (c)	S CONTRIBUTING TO DEATH BUT					19 WAS PERFO	AUTOPSY ORMED?
1 1	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO 206 DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Wh		ACE OF INJURY (Home, form actory, street, office bldg., etc.	. 20f. (City or to	wa}	(County)		(Stote)
	21. I certify the alive onJI ACTUAL SIGNATURE	James Castell	on that death		AM, from the ADORESS (Street, & 27, Md)	causes ar	nd an the da	ite state Di	decease ed abov ATE SIGNI 13-60
220	BURNE, CREMATIO	N. 226. DATE THEREOF ON 7-14-60	Green Mount		22d. LOCATION ( Balti		county)	(Stot	e)
1	FUNERAL DIRECTOR	s signature	ADDRESS St.Paul Stree		D BY REGISTRAR		FRAR'S SIGNATU		

MARYLAND STATE DEPARTMENT OF HEALTH-RAITIMORE, 18



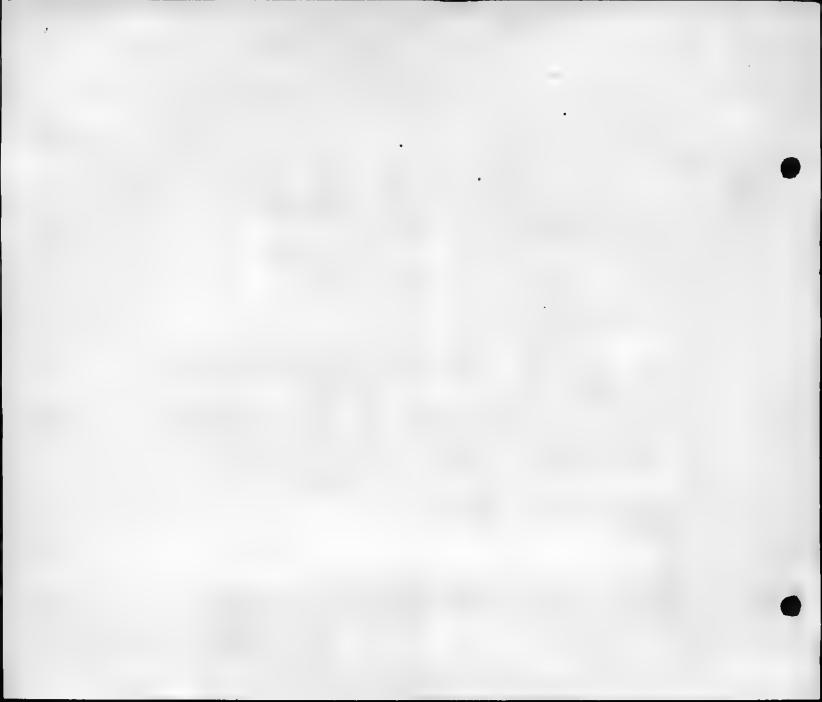
VS A1S (4) ISM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	14000
7686 CERTIFICATE OF DEATH Reg.	()7651 Dist. No.
1 PLACE OF DEATH  o. COUNTY  ALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institut on: Resign o. STATE  b. COUNTY  b. COUNTY	dence before odmiss on)  ALL, mil. 2
b. CITY OR TOWN (If outside corporate limits, write RURAL on give recorest town)  CAPNEY  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL on APNEY)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9607 DIXON FILE  Grant DIXON FILE  OR INSTITUTION 9607 DIXON FILE  OR INSTITUTION FILE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Roth ANN BISSCLL Month OF DEATH (1.L.V)	Day Year 1960
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED Feb 23 1870  9. AGE (in yellow)  Month:  yrs.	ER 1 YEAR IF UNDER 24 HRS s Days Hours Min
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12.0  4. MARY AND	USA
13. FATHER'S NAME Edward H Roberts 14. MOTHER'S MAINEM NAME FOR	X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO CONTROL OF SERVICE (Vas. no pr unknown)   (If yes, give were or dates of service)	an E
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]  DUE TO  Conditions, if ony, which (b)  DUE TO  Lying couse lost.  (c)	INTERVAL BETWEEN ONSET AND DEATH
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, fo	(County) (State)
21. I certify that I attended the deceased from 2 19.56, to 29. 1960, that I alive on 28, 1960, and that death occurred at 24 M from the causes and on the ADDRESS (Street, city or lown, stole)  ACTUAL SIGNATURE HAVE A BULLOS  PHYSICIAN'S HATOID H BULLOS	lost saw the deceased the date stoted obove.  DATE SIGNED  7/29/61
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) PUGET 1960 MORELAND MEMORIAL BALTIMORE	me
23. FUNERAL DIRECTOR'S SIGNATURE  CHAS. F EXAMS & SIM 8862 HAR TORD RUL DATE AUG 1 '60 ONTHUM	SIGNATURE L. KLINA



3		()	7	6	6	2
Reg.	Dist.	No.				_

	PLACE OF DEATH	timora Co	untv	MARYLAND		STATE and	Vhere decease	b. COUNTY			e admiss	ion)
		outside corporate limit arest town)	<u>~</u>	LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glan Arm. Ma.						
-	d. NAME OF HOSPITA	AL (If not in hospital, o	ive street odd	iressi		d. STREET ADDRESS	2	<u> </u>			15 RES	IDENCE
	OR INSTITUTION		Gler.			- 5111541		1			ON A	FARM?
3	NAME OF	Fire		Middle		Lost	4. DATE	Mor	th	0		Yeor
	DECEASED (Type or print)	Victo	or C.	Plandin			OF DEATH	July	12	2 2		1960
5.	SEX	6. COLOR OR RACE	7. MARRIED	Mever Married	B. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			
	Male	White	WIDOWED [	DIVORCED [	Ju	ne 15,18	27	73 yrs.	Months	Days	Hours	Min.
١.,	gnissa work	ing life, even if refired)	one 10b. KIN	id of Business or Ind Rubler E	ustry rkr	Maryla	_	Dunfry)		J. 3		COUNTRY?
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				-	
I	iteroba d	. Plandin	1		7 4	ary Jerr	inne	ند څوند برد	nier			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFOR	MANT		Add	ress			
L'''	YAS	W. W. I	n aicel	TA	r.J	.L. Capeh	innce	Orla	ndo,	मा ।	oni	7~
		TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	-	or (o), (b), and (c).]		lales	In	1	4		RVAL BE	
	11 . 1	DUE TO	l	0		1	. 4	Francisco Constitution of the Constitution of			-	
	Conditions, if on	y, which )	. /	Jene		Shiold (	Ontol	1 100 00	1510		<	0
	gove rise to in	nmediate ( DUSTO				37	0000		01-67			
	couse (o), stating t lying couse lost.	ne <u>under-</u>										
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH BE	TON TL	RELATED TO THE TERM	WINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 15	. WAS	AUTOPSY
CATI												NO D
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESCRIE	BE HOW INJURY OCCUR	RED (En	ter noture of injury in	Post I or Por	t (I of ilem 18 )				
MEDICAL						(State)						
	21 I certify the	at I attended the	deceased	from Trally	11	1960 to	July	12, 19 6	) that I I	lost so	w the	deceased
	alive on	uly 11	1967	and that dea	th acc	urred at Co	( (	n the causes of				
		$\sim$ 7	0 +	-I D		01100 01136222		treet, city or town,		_ 1	D/	ATE SIGNED
	ACTUAL SIGNATURE	1	zoh t	- him	-M.D.	84	50 h	reh Kar	en L	7/4	1 7	7/12/6
	PHYSICIAN'S NAME (Type)	005	E L	Fhi	PI	RA MI	),	Y.	2 culto	4,79	d	
220	BURIAL, CREMATION	N, 226. DATE THEREO	F 0 2	2c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	ION (City, town,	or county)		(Stote	e)
	REMOVAL (Specify)	July 15	1960	Arlington		tional	_	inston		Vi:	rgi	
23	FUNERAL DIRECTOR'S		ne. 7	ADDRESS Vork	رځ (		D BY REGIST	1/2/1	STRAR'S SIC			



240, REC'D BY REGISTRAR

DAMEL 2 0 '60

24b. REGISTRAR'S SIGNATURE

Colling S. House

VS. A15ME(S) 5M 9/55

prworded to the Chief FUNERAL DIRECTOR:

0

23. FUNERAL DIRECTOR'S SIGNATURE

cremation,

0

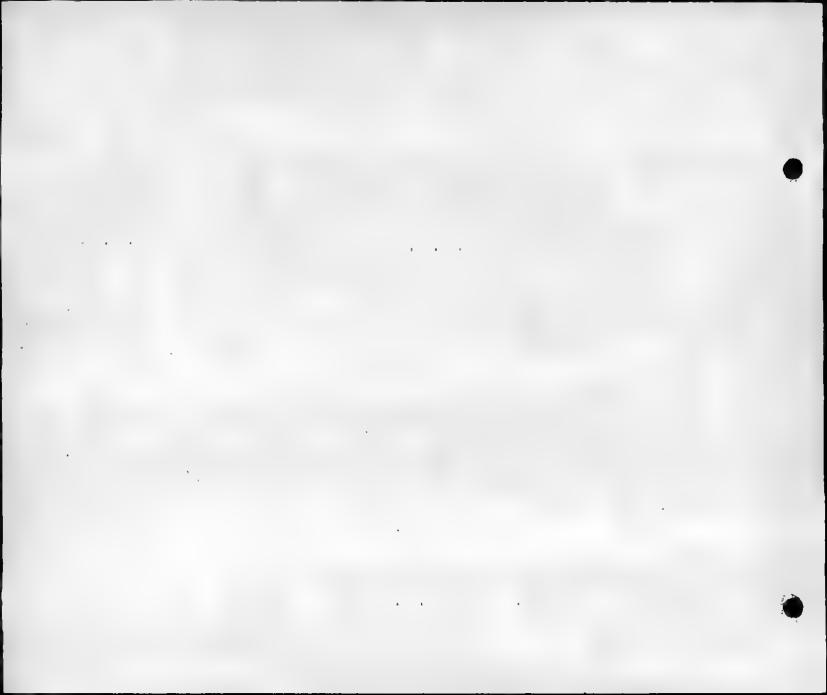
5. SEX

ij

ago

Form

ADDRESS



1SM 9/58

7699

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) b. COUNTY Baltimore g. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? hestnut Ave YES NOX 60 19 9. AGE (In years last birthday) F UNDER TYEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? Address same INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES TO NO! (State) (Caunty) that I lost sow the deceased M, from the couses and on the date stated above. ADDRESS (Street, city or town, state)

(State)

arthur S. Hours



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23

rs ofter death. Page 4

MARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 1
--------------------------	------------------------

	7669 CERTIFICATE OF DEATH										
_	7669		CERTI	FICA	VIE OF D	CAIM	<u> </u>		Reg. Dist.	No.	1009
1. PLACE OF DEATH COUNTY Baltimore MARYLAND					2 USUAL RESID	ence (who	re deceased and	b. COUNTY	Residence i Balt1		ission)
	CITY OR TOWN (If outside corporale fimits, RURA) and give narrest town)	write c. LE	ENGTH OF STAY	IN 15		inda]		te limits, write RU	RAL and give	neoresi la	wn)
l .	A. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Ces. 1971 Hase 1me re	d STREET AC 1971 1		Lme re	Road		e. 15 R ON YES	A FARMS			
	NAME OF First PECEASED HARRY		Middle EARL		BOLTON		4. DATE OF DEATH	July	21	Day	Yeor 19 60
5.	0	MARRIED	KNEVER MARRI DIVORCE		B. DATE OF BIRTH	, 190			Months Do		
100	USUAL OCCUPATION (6 ve kind of work done of the even of thired 5	noe R	of Business of			rgin:		ntry)	U.S		AT COUNTRY
13.	FATHER'S NAME				14 MOTHER'S		_				
_	Frank Bolton					UC	mel	ia Bolt			
	WAS DECEASED EVER IN U.S. ARMED FORCES	-1	-09-49		IPS. Ha:	rry E	C. Bo	lton l	971 H	ase l	me <b>re</b>
	18. CAUSE OF DEATH [Enter only one couse	per line for	(o). (b). and (c).	]	^					INTERVAL ONSET AN	
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	ARTI	ERICO	CLE.	ROTIC	16.1	11551	95E	(	/ Y	C
	Conditions, if any, which gove rise to immediate couse (a), staling the under-										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NOT CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEAT							FORMED?				
						injury in Po	art 1 or Part I	1 of item 18 )	·		
MEDICAL	Hour a.m.		OCCURRED Not while of work		CE OF INJURY (H lary, street, affice			r town)	(Cou	nty)	(State)
	21. I certify that I attended the deceased from 1900, to 1900, that I lost saw the deceased alive on 1900, and that death occurred at 11.45 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL 5 M ADDRESS (Street, city or town, state)										
	SIGNATURE	- 1/4	Cucou	- A	W.D		TTLE	Vi-ya in	4	/_	7/6

STEPHEN ( MACKULIAN CTIYHOLABIRDAU BALTIMOREZ) 22b DATE THEREOF 220 BURIAL, CREMATION, 7-23-1960

22c. NAME OF CEMETERY OR CREMATORY St. Jacobs

22d LOCATION (City lown, or county)
Rockingham Co.

Virginia

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS JOHN J. DUDA 7922 Wise Ave. 22, Md.

24g. REC'D BY REGISTRAR DATE JUL 25 '60

24b REGISTRAR'S SIGNATURE L. of S. Hand

VS A15 (4) 15M 10/57



pie	100	1	ψ	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any is necessary, ple	Jirector. Page 4 st		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the registrar priar to burial free	
neces	or.		r lo	
-	200	iii.	Srigi	
40,	Ξ	E.	G.	
7		100	Sist	
6	für	6	ě	
=	the	Po	4	
S S	3 to	0	Ę	
Ď	g	Te.	2	
offe	2,0	r be	one	
510	-	(DE	22	
ğ	ges	10	BO	,
24	Pa	Bag	9	
F	C) Ve	~	Œ.	
3	ei ei	PM	Ē	
ute	=======================================	E	ē.	
xec	<u>+</u>	h fo	33.5	
90	2.	*	-fra	
Ď	элсі	900	Fig	
To C	å d	ö	Ž.	
le s	: :_	fice	SS	
Fice	ding	ō	Pe	
E-1	оено	er.	9	
iis c	2	in.	q P	
F .:	NO.	Exc	han	
Z	i e	00	ς.3 Αυ	
W	19 1	Aed	960	
EX		e P	<u></u>	
AL	e) ×	5	0	
20	cat	he	REC	
E.	il.	Ç	5	_,
<u></u>	ĕ	Jed	RAI	DAG
E III			J.NE	Em.
0	cut "sertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun Jirecte	for	E	70
ĭ			TC	

		MARY	AND S	TATE DEPART	TME ER'S	NT OF HEALTI	H-BALTIN TE OF DE		8	076	36
_	- 7.	()1)							Reg. Dist. I	No.	
	PLACE OF DEATH	m Tiro Dm				2. USUAL RESIDENCE (V		d. If Institution b. COUNTY	on: Residence	before admission	)
-	BALTIMORE MARYLAND  b. CITY OR TOWN (1º outside corporote simits, write BURAL c. LENGTH OF STAY IN 1b					O. STATE MARYL.					
'	and give riearest fown	HERVILLE	IN NURAL	3 YEARS	N IB	c. CITY OR TOWN (IF		limits, write Ki	TKUT OUR BIAN	nearest town)	
-			(If not in hore	itol, give street address		BALTI  d. STREET ADDRESS	MORE		\$	. IS RESIDE	ENICE
	_	EGE MANOF		mor give sileer doctess;	'	CHARL	ES & 331	rd STF	RET	ON A FA	(RA)
	NAME OF DECEASED (Type or print)	AGUS'I	rat	Middle NDAU		Lost	4. DATE OF DEATH	Month JULY		oy Yeor	
<u> </u>	SEX	6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH				AR IF UNDER 24	LIBS
L.	EMALE	WHITE	WIDOWED			EB. 7,187	lost		Months Days		
100	during most of working HOUSEW	N (Give kind of work a life, even if retired)	done 10b. K		NDUSTR	BALTIMOR			12. CITIZEN USA	OF WHAT COU	NTR
	FATHER'S NAME	rin mayro				14. MOTHER'S MAIDEN N	TAME ERINE KI	NIER			
15. {Ye	WAS DECEASED EVE	ER IN U. S. ARMED FC (If yes, give war or dates of		NO	17. IN MR.		Roundhi N BRAND		id Bal	to.18m	Md
		liste cause	, <u> </u>	10, (b), ond (c).) 0 7 0 7 1 C. 4 C. 7 /1 e d	7d	ry Co	c/00 100	5/02 Plasti mitSt	Je s	VERVA, BETWEEN NSET AND DEATH  40 AV	S.
CATION	PART II, OTH	ER SIGNIFICANT CON	IDITIONS CO	ATRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	INALDISEASE CON	DITION GIVEN	VIN PART I(a)	19. WAS AUTO PERFORMED YES NO	OPSY D?
CERTIFI	20g. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	06. DESCRIBE	HOW INJURY OCCURR	ED. (Er	ter nature of injury in Parl	t For Port 11 of item	18.)			
MEDICA	20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Ye	or 20d, It While of wor	Not while	Foctor	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (City or tav	m)	(County)	(5)	lote)
	21. I certify th	at I took charge	of the re	emains described	abov	e, held an Autops	y . Inspec	tion 🗇	Inquiry [	, and find	the
	ACTUAL SIGNATURE	from: Natural	couses [	2 Donnel	Suic	M.D. CHIEF MEDICAL EX	AMINER AL EXAMINER	ermined co		DATE SIGNE	
220	NAME (TYPE) 12 V/C SI C C DO NOVE // DEPUTY MEDICAL EXAMINER (1)										
XJ	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) (Storle)  XXXXXXXXX JULY, 16, 1960 GREENMOUNT CREMATORY BALTIMORE, MARYLAND										
	ADDRESS HENRY SANDER & SONS INC. BALTO. MD.  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUL 15'60  Callag & Kausa										

VS. A15ME(5) SM 9/55



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
i. 60			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07667
d by			Reg. Dist. No.
shaul	<7.	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)  5. COUNTY  6. COUNTY  6. COUNTY  7. COUNTY  8. COUNTY  9. STATE  9. COUNTY
10 % TO	2		Milliance (Danty maritania) 1/10 /11/1/10/00
Pagi Puric		12	and give nodged town)
or.	V	100	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
y is lirect les. pria			Thiral ONA FARM?
at to the			NAME OF First Middle Last 4. DAYE Month Day Year OF
fun, regi		-	Type or print) Coreshary + 1- Breeze DEATH / - 2 1960
프 를 다 프 는 약 다 프		5.	11 16 10 Months Doys Hours Min.
3 to oine with		100	. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d and d		1	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
2, c	1-	13.	FATHER'S MAME
hours ges 1, 5 mc			Trahum Meren it Eleanor Williams
22 Pgg -		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. OFFORMANT Ino, or unknown)   (II yes, give wor or doles of service)   (Address)
Signature of the second of the			none grand Trown for Believe 10
P. W.			TE. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
Form Per 1			IMMEDIATE CAUSE (6) DEPYFIC STEMOSES
in the			Conditions, if only which)
d be	4.		gove rise to immediate couse
houl ala	h		(c), stoling the underlying couse lost.
ir ir ffice	elf .	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Sed of the		CATION	YES KY NO
ceri ner ner		CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
This			CAUSE OF DEATH.
e we sale a she		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED And INJURY (Home, form, 120f. (City or tawn) (Caunty) (State)  While Not while State)
Min the did		×	p. m. 19 of work of work   19 of work   21. I certify that I taak charge of the remains described abave, held an Autopsy . Inspection . Inquiry . and find that
EXA vailin ef M	est 3		21. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and find that death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
A Section 19			1.1. CA
AEDIA fifica a the DIRE			ACTUAL SIGNATURE MD CHIEF MEDICAL EXAMINER DATE SIGNED
A P G G P			EXAMINER'S ASSISTANT MEDICAL EXAMINER A
World remover			NAME (Type)  DEPUTY MEDICAL EXAMINER   7500
far far a		220	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Store)
F F	*	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
VS. A15ME(5)		13.	211 A 1 1 1 1 1 1 1 1 B 321 1 2 150 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5M 9/55		-	are so were the part of the pa



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

ATERO

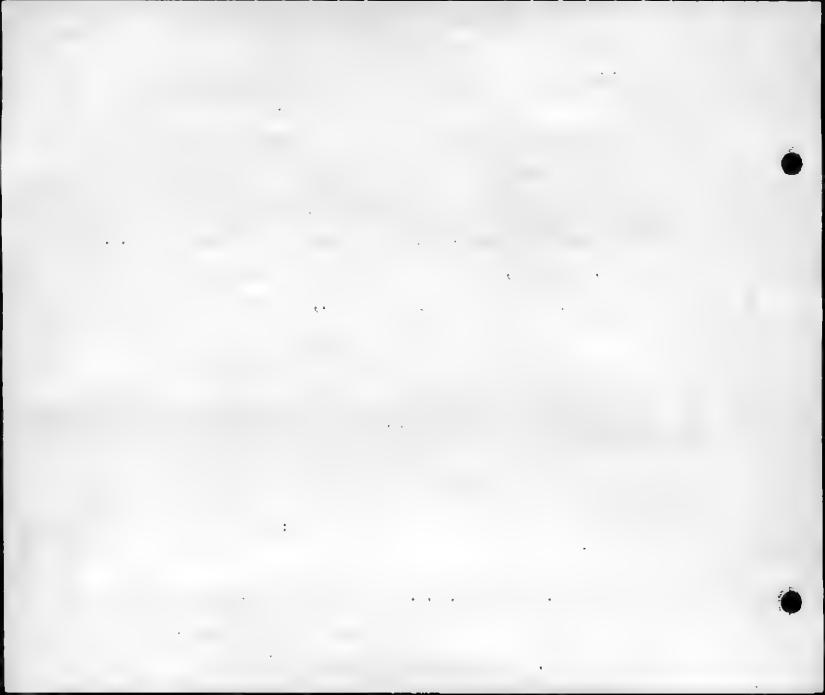
-	N	
	_	

DHO OR MITIND IF THYTICIAE: The law Equires that the death certificate be resulted within four death. Page 4 may be need by the haspital or attending physician.

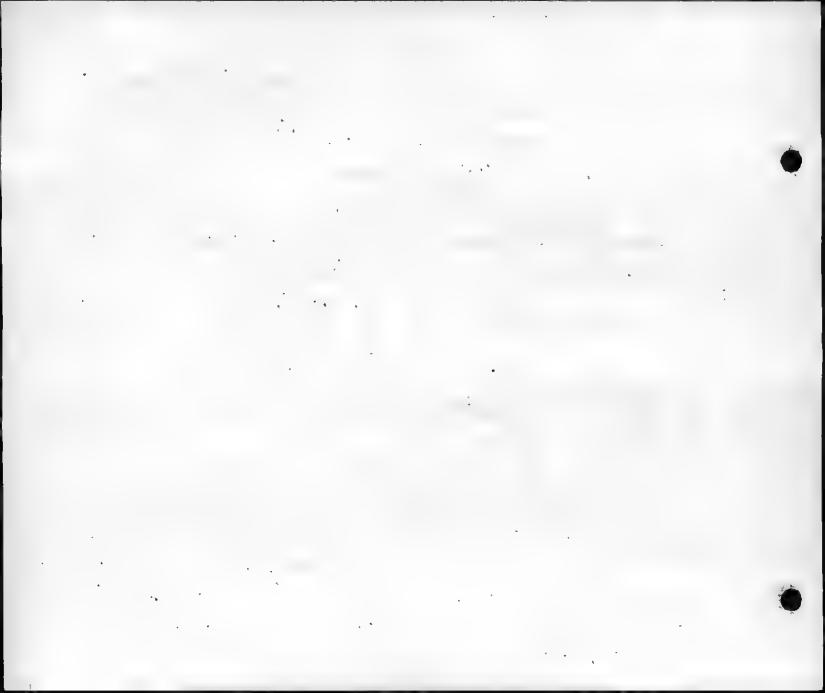
Funekal Directors: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans! Permit. Then please remaye corbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or removal, and in any ment, within 72 hours after death

TO HO	may E	TO FUN	page
		9/5	

7702		CERTIFICA	AIE OF DEATH		U	(600)
PLACE OF DEATH O. COUNT BALTIMORE		MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYLA)	here deceased lived. If	institution: Residence OUNTY	befare admission)
b CITY OR TOWN (If outside corpo RURAL and give negres: lawn) FORT HOWARD	rote limits, write	c. LENGTH OF STAY IN 16 27 DAYS	c. CITY OR TOWN (IF	outside corporate limits, ORE	write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (IF not in he OR INSTITUTION VETERANS ADMINIS	spitol, give street	address) HOSPITAL	d. STREET ADDRESS	THEDRAL STR	ज <b>ं</b> ग	e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF DECEASED (Type or print)	First	Middle W	BURGESSER	4. DATE OF DEATH	Month	Day Year 17 19 60
5 SEX 6. COLOR OF WHITE		RIED NEVER MARRIED DIVORCED	B DATE OF BIRTH MARCH 15, 18	9. AGE (I lost big		YEAR IF JNDER 24 HRS loys Hours Min.
100 USUAL OCCUPATION (Give kind of during most of working life, even the REAL ESTATE BROKET	of wark done 10b f ret'red)	KIND OF BUSINESS OR INDI		or foreign country)  E MARYLAND	U.S	EN OF WHAT COUNTRY?
13 FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
RAYMOND W. BURG	esser, s	BR BR	NANCY RIC	CHARDSON		
YES WAS DECEASED EVER IN U. S. ARM	dates of service)		INFORMANT LIN REC., VAH	BALTO 18,	Address MD FT HOWA	ARD DIVISION
PART I DEATH WAS CAUS IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last.	ED BY A	ine for (a), (b), and (c).] CUTE MYOCARDIA	L INFARCTION			INTERVAL BETWEEN ONSET AND DEATH UNKNOWI
Hypertrophy and Mellitus: General 200 Accident was underlying on contributing of cause of (if either, notify medical example)	dilata	CONTRIBUT NG TO DEATH BU tion of heart; arterioscleros SCRIBE HOW INJURY OCCURR	Cardiac Decor	mpensation;	Diabetis	1(a) 19, WAS AUTOPSY PERFORMED? YES A NO
ZOC TIME OF INJURY Month, D Hour o. m. p m.	ay, Yeor 20d. White at wo	Not while f	PLACE OF INJURY (Home, for actory, street, affice bldg., et	m, 20f (City or town)	(Co	unly) (Stole)
21. I certify that (4) (this he saw the deceased alive of	ospital) atten	ded the deceased fram 1960 , and that	June 20	60 to July M, fram the cau		), that (4) (we) last date stated above.
22c PHYSICIANS	Par win	sp:	M.D. ATTENDING A	STAFF	<b>%</b>	7/19/6
NAME (Type) WALTER	I. PT.TANO	OWSKI. M.D.		) 18, MD FT	HOWARD DI	TVTSTON
230 BUR.A., CREMATION, 236 DATE REMOVAL (Specify) Buria, 1	THEREOF 21-60	23c NAME OF CEMETERY Baltimore	OR CREMATORY  National	23d LOCATION (City  Baltimor	. town, ar caunty) e <b>. Maryla</b> r	(State)
24. FUNERAL DIRECTOR'S SIGNATURE  Wm Cook Blight I	ic. 6009	ADDRESS Harford Rd Ba		JUL 2 2 60	Circling S.	
					1000 4	



1SM 9/58



TO HOS

VS A15 (4) 15M 9/58

ħ,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7704

**CERTIFICATE OF DEATH** 

07670 Ren. Dist. No.

e

PLACE OF DEATH     O. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDE		here decease	d lived. If institution b. COUNTY			nore	on)
b CITY OR TOWN RURAL and give	(If outside corporate limit	ls, write B	c. LENGTH OF STAY IN 16		OWN (If o		prote limits, write RU				
OR INSTITUTION	Broadway		address)	d. STREET A		Road				e IS RESII	FARM?
3. NAME OF DECEASED (Type or print)	Fin Jo		Middle Thomas	Burn	ham	4. DATE OF DEATH	Mont J11		Do	,	eor 9 60
s. sex	6 COLOR OR RACE	1000	IED TO NEVER MARRIED	8. DATE OF BIRTH Aug. 19, 1		.1	9 AGE (In years Jost birthdoy)		1 YEAR Doys	IF UNDER	
10a USUAL OCCUPATI during most of wo	ON (Give kind of work or king life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDI	and a				12.CIT		FWHATCO	
Bu i 1d 13. FATHER'S NAME	Thomas C. 1		elf Employed	14. MOTHER'S	MAIDEN 1	e Cou NAME Harmo	·			J.S.A	
	ER IN U S ARMED FOR	CES? 16 5	SOCIAL SECURITY NO	INFORMANT			Addr Broadwa		al,I	uthe	rvil
Conditions, if gove rise to couse (a), stating tying couse lost.	the <u>under-</u> DUE TO		MINIE ME ME MORE ATHER	z iar	THE TERMI	INAL DISEAS	TICHYS SE CONDIT ON GIVI	CEAN	10	WAS A PERFOR	
OR CONTRIBUTING	CAUSE OF DEATH	4	RIBE HOW INJURY OCCURR								400
20c. TIME OF INJU Hour o. m. p. m	RY Month, Boy, Yea	While	Not while of work	LACE OF INJURY () octory, street, office	bldg., etc	n, 207. (Cir	y or town)	(1	County)		(Stote)
21. I certify the dive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease	ed fram - /- P., and that deat	h accurred at.	7A	M, fram	the causes and that city or town,	d an the		stated	
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL			220 NAME OF CEMETERY OF Saters Bapt		terv		TION (City, town, o		y M	(Stote)	
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'	D BY REGIS	TRAR 24b. REGIS	TRAR'S SI	GNATU	RE	
Jm. C OK-T	owson Inc	105	O Vanle Pd Ta	1.1.C.M	DATE SH	1 1 A 1	SU Ch	Chur S.	That	46	



VR A15 (4) 15M 9/59

7705

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07671

	1 PLACE OF DEATH 9. COUNTY TO 0	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admiss an) a STATE to a Classical by COUNTY								
	BALTIMORE MARYLAND	MARYLAND								
	b CITY OR TOWN (If outside carporate limits, write RURAL, and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)								
	COCKEYSUILLE 5 YEARS	BALTIMORE								
1	d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION	d. STREET ADDRESS  a S RESIDENCE ON A FARM?								
	MASONIC HOME	2905 GARRISON AUE YES NO								
	3 NAME OF First Middle DECEASED	Last 4 DATE Manth Day Year								
	(Type or print) MARCIA	3 URNHAM DEATH JULY 18 1960								
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Days Haurs Min.								
	FE W WIDOWED DIVORCED	3-11-1871 Syrthdoy) Manths Days Haurs Min.								
	10a. USUA. OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most af warking life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	HOUSEWIFE	MARYLAND U.S.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Л	JAMES GOODWIN	MARY GRIFFIN								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN	FORMANT Address								
	1 (1) yes, give war of dates of services 212-16-5767-4	French & Dowth & Cochemoile We								
	18 CAUSE OF DEATH [Enter anily one cause per l'ne for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arterio Occleratio Caralio									
	DUE TO									
	Conditions, if ony, which) the Vasculer	Deserce 5 years								
	gave rise to immediate									
	couse (a), stating the <u>under-</u> lying cause last.									
3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY								
	COAT	PERFORMED? YES \( \square\) NO \( \square\)								
	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of Item 18)								
	T (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		ACE OF INJURY (Hame, form, 20f (City or town) (Caunty) (State)								
	Haur a, m. While Not while p. m. 19 of work at wark	tory, street, office bldg., etc.)								
, i	21 8 certify that (I) (this haspital) attended the deceased fram	5-9 1955 to 7-18 1960 that (1) (we) lost								
1	terms the deceased glive on 7-7-5 1964 and that d	eath occurred ot 135%, from the couses and on the date stated above.								
- /	220 SIGNATURE	/ 122b.DATE								
	halling lless	ATTENDING MED STAFF STAFF STAFF								
	22c PHYSICIANES	22d. ADDRESS								
	NAME (Type) WALTER T. KEES	COCKEYSVILLE, MD								
	23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, ar caunty) (State)								
	BURIAL (Specify) 7-20-60 Loudon Park	Cemetery Baltimore								
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE								
1	William Cook, Inc., 1217 St. Paul Stree	t DANGUL 19'60 arthur S. France								



7706

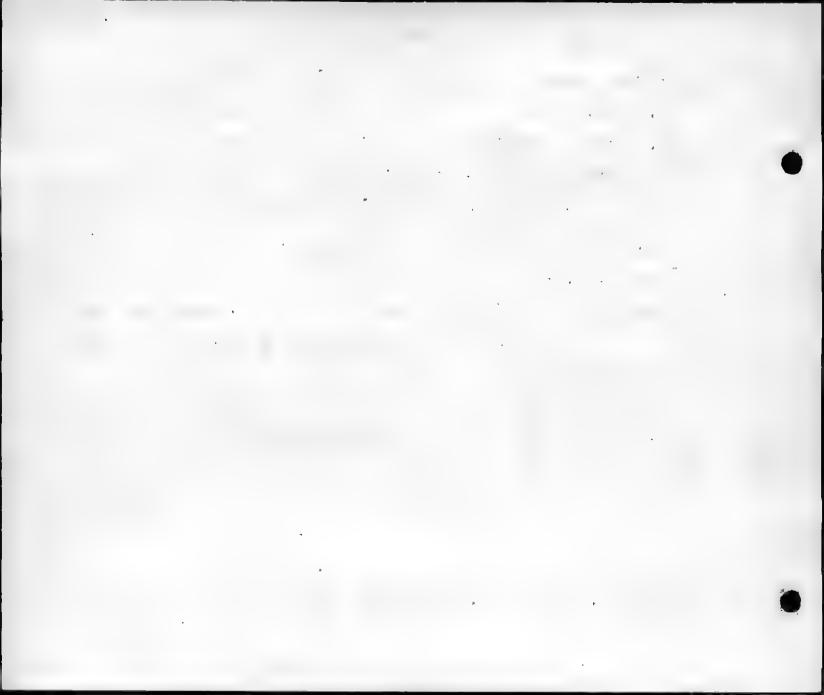
#### **CERTIFICATE OF DEATH**

8 (7672) Reg. Dist. No. 32

	_		
1		PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  a. STATE  b. COUNTY
		Baltimore County  b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN ((Paulside corporate limits, write RURAL and give nearest town)
	Ι.	Mt. Wilson, Maryland	Booting one Catal 30
e.		d. NAME OF HOSP TAL (If not in haspital, give street address)	d. STREET ADDRESS
		Mt. Wilson State Hospital	639 E. Clement Str. ON A FARM?
		NAME OF DECEASED (Type or print) LAWRENCE ALBERT	BURNS OF DEATH July. 19 1960
	S S	SEX  6 COLOR OR RACE  7 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Sept. 4. 1880 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS Min Yes Washington IF UNDER 1 YEAR IF UNDER 24 HRS Min Yes
	10a	O USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  Baltimure, Manyland USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		JOHN J. BURNS	MARY R. REED
,		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN as. no. or unknown)	FORMANT Address
/	14	unknown Hos	pital Records, Mt. Wilson State Hospital
		1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A relio sclerot	ic heart Disease 5 mm +
		DUE TO	
		Canditians, if any, which } (b)	
		gave rise to immediate cause (a), stating the under-	
		lying cause last. (c)	
	S S	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RE ATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART ((a) 19. WAS AUTOPSY PERFORMED?
2.7	FICAT	Har Advanced Fulmonary TB	· Acute left yelonephilis YES NO 1
	CERTI	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUSTY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Post II of Item 18.)
	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	MED	Haur a. m. White Nat white fact	tary, street, affice bldg., etc.)
		21 I certify that I attended the deceased from 12. L.	. 19.59, to 7. 19
		alive on 7. 19 nd that death	accurred at \$37AM, from the causes and an the date stated above.
		11////	ADDRESS (Street, city or lawn, state) DATE SIGNED
		SIGNATURE WHAM PLANTEY	A.D. Mt. Wilson, Maryland
		PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D., Superinten	dent
	<b>2</b> 2a	G. BURHAT, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	. / //
	22	C264./	Yellica 22 lb march 200 ma
	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ACCURATE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

may be retained by the haspital ar attending physician.

TE MUNICAL MIRECTER: After this certificate has been signed by the attending physician and sampletely finited in by the fuseral dismitar, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 baurs after death. rs after death. Page 4 LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS VS A1S (4) 1SM 9/58



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07673

7	my	1	14/	
7	1	ŧ:	1	
		v	ű	

Ellsworth Armacost

CENTIFICATE OF DEATH

			CERTIFICA	IE OF DEA	ın				
1 [	PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased		on: Residence	before ad	mission)
1	RAT.T	IMORE	MARYLAND	o. STATE CONNECTICUT					
	. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		ote limits, write R	URAL and giv	e nearest 1	own)
	RURAL and give ner	' HOWARD	15 DAYS	WEST	HARTFOR	D // :	5 2	All Trees	
	OR INSTITUTION	AL (If not in hospita , give street	oddress)	d STREET ADDRES				e IS	RESIDENCE N A FARM?
		NS ADMINISTRAT	ION HOSPITAL	44 H	ILLSBORO	DRIVE			NO DI
3. 1	NAME OF DECEASED	First	Middle	Last	4. DATE	Mon		Day	Year
	(Type or print)	EDWIN	W	BURRITT	DEATH	JULY		12	1960
S S	SEX	6. COLOR OR RACE 7 MARE	RIED   NEVER MARRIED	B DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UI	NDER 24 HRS
	MALE	WOOW		JANUARY 17		(2 yrs			
10a	during most of worki	N (Give kind of work done 10b. ing life, even if retired) TOTHERD	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (S		ountry)		NOFWHA	AT COUNTRY?
13.	FATHER'S NAME	GTHEEN		14. MOTHER'S MAID			V.,	W 84.4	
		H BURRITT		CLAR		TER			
15			SOCIAL SECURITY NO. 17, II	NFORMANT	A D WINGE	Addi	rest		
	i, no, or unknown) [1	If yes, give war or dores of service)	_	CLIN REC. V	מידואם שאי			RD DT	VISION
$\models$	YES 18 CAUSE OF DEAT			CHILL MOOF A	AII DADIO	109110 1	2 1101112		BETWEEN
		TH {Enter only one couse per li		A DYCHUR TIR				ONSET A	ND DEATH
		TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	LOBAR_PNEUMONI	A RIGHT LUN	<u>Ur</u>			) DA	YS
	33 X	DUE TO	ORDERDAT MITTON	DACTO DIAN	ni)			ins DA	YS
	Canditions, if an	nmediate	CEREBRAL THROM	BOSIS, RIGH	HT.			T) DE	110
	cause (o), stoling t							THEFT	AT PAC
z	lying cause last.	ER SIGNIFICANT CONDITIONS	CENERAL TIZED AR			CONDITION CIV		UNKNO	
CERTIFICATION	TAN II OIN	EK SIGNIFICANT COND HONS	CONTRIBCTING TO DEATH BUT	NOT REDATED TO THE	CKMINAL DISCASE	CONDITION GIV	EN NIAK.	PE YES	REDRMED?
TIF	200 ACCIDENT WA	S UNDERLYING [] 206 DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injur	ry in Port I or Part	II of Item 18 }			
	(IF EITHER, NOTIFY								
MEDICAL	20c. TIME OF INJURY		E.	ACE OF INJURY (Home,		ar town)	(Cor	unty)	(State)
MEC	p. m.	19 While of wor	k at work		.,,				
	21 I certify that	t 🗱 (this haspital) attend	led the deceased framil	une 27 .	1960_ to J	uly 12	1960	that 28	(we) last
		ed alive on July 12		,	2 TOPM	· ·			
	220. SIGNATURE	2/							22b DATE
	× .	il 1.	1-1	M D PHYS	MED DIRECTOR	STAFF PHYS			7/13/60
	22c PHYS CIAN S'	He yours	212	22d ADDRESS					
	NAME (Type	WALTER J. PIJA	NOWSKI, M.D.	VAH FT	HOWARD D	IVISION,	BALTO	,MD	
23a	BURIAL, CREMAT OF	N. 235 DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d LOCAT	10N (City, town,	or county)	(	State)
	REMOVAL (Specify)	7-16-60	Woodlawn Ce	meterv	Ba	ltimore	Marvla	nd	
24	LINERAL DIRECTOR	SOCRATION LINE	ASDRESS		PECID BY PECIST	PAR 255 REGI	STRAR'S SIGN	ATURE	
1	C Marro		)			4 '60	arthus	d. The	A.A.

4600 Liberty Heights Ave Balotomo

rs after death Page

100

ompletely filled in by the funeral director, papers, lages 1 and 2 should be freed with wis over death. TO HOS.

I OR ATTENDING PHYSICIAN: The law requires muture account was to make by the hospital ar oftending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and page 3 should be detached for use as the burial-transit permit. Then please remove carbon the State Board of Health pr or to burial, crimagion. I mamayal, and in any event, within 72 to

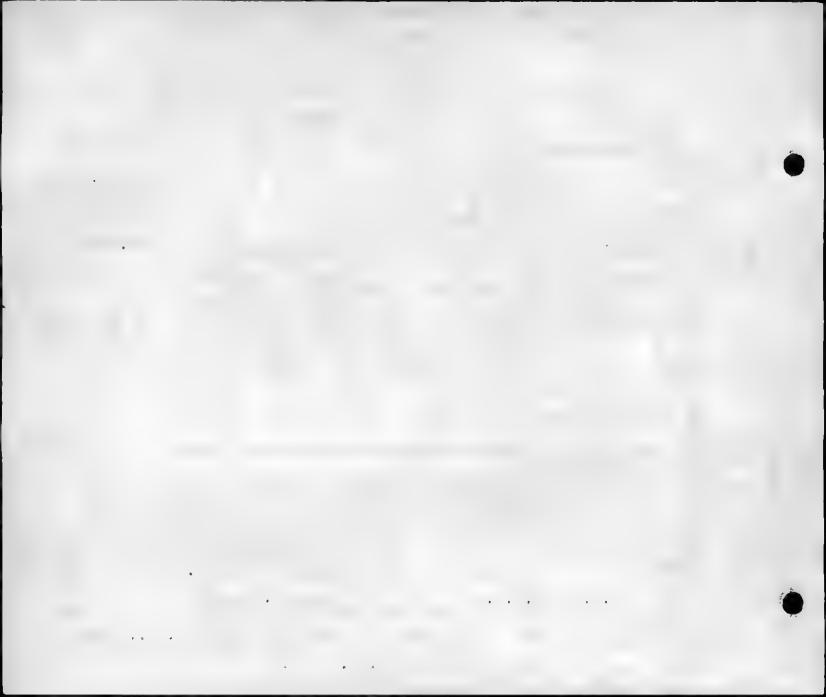
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 VR A15 (4) 15M 9/59

. 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7708 **CERTIFICATE OF DEATH** seral director, be-filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fund should Essex + Essex d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 24 954 Renfrew Street 954 Renfrew Street YES NO A and First Middle 4. DATE Month Yeor filled DECEASED OF DEATH (Type or print) ROSY +++ BUTTER July 8th. 1060 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH white 6,1882 female WIDOWED | DIVORCED | papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? eath. during most of working life, even if retired) South Wales So. Wales Housewife carban 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME physician James Temblett Sarah Ann Hatch гетом 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Bertram Butler same as #2 none no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if ony, which 770J gave rise to immediate DUE TO reer alized atternosales ofer cotise (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 🔲 NO 🎞 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work 🔲 at work 🔲 p. m. 7/8 , 1960 , that I last saw the deceased puriol, and that death accurred at 7.5 P.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 131 Eastern Blvd. PHYSICIAN'S Essex 21. Maryland J.J.Platt.M.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) 11/60 Oak Lawn Cemeterv Baltimore, Co., Maryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
DATE JUL 1 2 60 Cultury & Trans 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** arthur S. Threes VS A1S (4) Dundalk 22.Md.

after death. Page

1SM 9/SS



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07675

Reg. Dist. No.

**CERTIFICATE OF DEATH** 

	7	1
DEATH		
T	- 2	4.

Hour a. m. none?   While at work   none   none   none   none   none     none     none	PLACE OF DEATH o. COUNTY Baltir	more	MARYLAND	2. USUAL RESH o. STATE	DENCE (Where decease Md.	ed lived. If instituti b. COUNTY			sion)
OR BETTLEON OR BUTLEY Road    Butler Road	RURAL and give nearest t	awn)	c. LENGTH OF STAY IN 16	1 42			URAL ond giv	re nearest law	n)
See	d NAME OF HOSPITAL (IF I OR INSTITUTION ROIL BULLET ROIL	nat in haspital, give street ad	address)					ON	A FARM?
Male White WIDOWED DIVORCED DEC. 8, 1872 of birthdory yet Months Doys Hours Min.  10c. USUAL OCCUPAT DN (Give land of work done during most of warling life, even if retiried)  Retired Farmer  13. FATHER'S NAME RODET F. Caples  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 167 Mr. Robert Caples Reisterstown, Md.  16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 167 Mr. Robert Caples Reisterstown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I DEATH WAS CAUSE (e) COPONARY OCCURED DUE TO DIabetes  OUT DUE TO DIABETES  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO BE DECEMBED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  YES DO ACC DENT WAS UNDERLYING DO TO THE PART 10. 19 WAS AUTOPSY PERFORMORY  20. LIVE OF INJURY Month, Doy, Year 20d. INJURY OCCURRED DOOR 10. THE PART 10. 10 HERE 18. 10 HERE 10. 10 HERE 1	DECEASED TO 10			Caples	Sto. OF	77			
Maryland   USA		L24.	₹ _			birthdoy)			
Robert F. Caples    Is. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Mr. Robert Caples   Reisterstown, Md.	during most of working life	e, even if retired)	. KIND OF BUSINESS OR IND	,		country)			COUNTRY
The continue of the continue		aples				ipley			
PART I DEATH WAS CAUSED BY DUE TO Conditions, if my, which gove rise to immediate cause (o), stoling the under Lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPY YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18)  OR CONTRIBUTING CAUSE OF DEATH NOT PROVIDED CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18)  TO CONTRIBUTING NOTIFY MEDICAL EXHAUSE NOTIFY MEDICAL EXHAUSE NOTIFY MEDICAL EXHAUSE NOTIFY MEDICAL EXHAUSE NOTIFY MORE OF INJURY OCCURRED ON While of work	15. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, g	S ARMED FORCES? 16			t Caples			Md.	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work on none  21. I certify that I ottended the deceosed from 11-20-37, 19, to 7-13-60, 19, that I last saw the deceased alive on 7-13-60, 19, ond that death occurred at 5 PM, from the causes and on the date stated obove ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED While Nat while of work on none  21. I certify that I ottended the deceased from 11-20-37, 19, to 7-13-60, 19, that I last saw the deceased alive on 7-13-60.  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED While Nat while of work of the causes on on the date stated obove ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED	Canditions, if any, w gove rise to immed cause (o), stoting the un lying couse lost.	AS CAUSED BY DUE TO  hich total der.  DUE TO  DUE TO  DUE TO  DUE TO	Coronary Occ Hypertensive		osclerot	le C-V D	iseas	e 9 y	S.
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work on none  21. I certify that I ottended the deceosed from 11-20-37, 19, to 7-13-60, 19, that I last saw the deceased alive on 7-13-60, 19, ond that death occurred at 5 PM, from the causes and on the date stated obove ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED While Nat while of work on none  21. I certify that I ottended the deceased from 11-20-37, 19, to 7-13-60, 19, that I last saw the deceased alive on 7-13-60.  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED While Nat while of work of the causes on on the date stated obove ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE 2, 20d. INJURY OCCURRED	PART II. OTHER SIG		CONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	/EN IN PART 1	PERFO	ORMED?
alive on 7-13-60 19 , ond that death occurred at 5 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE D. D. Caples, M. D. Reisterstown, Md.  PHYSICIAN'S NAME (Type) D. D. Caples, M. D. Reisterstown, Md.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	20c. TIME OF INJURY Ma	INTERPORT DEATH AND THE LAND T	none	PLACE OF INJURY	Home, form, 20f. (Ci	ty or town)	(Ca	unty)	(State)
	actual SIGNATURE 2 2	13-60 , 19	ond that deal	th occurred at	5 P.M. from ADDRESS	the causes on Street, city or town,	d on the	dote stote DA	d obove
bullet bull to		b. date thereof July 16,1960					or county}	Md. (Sto	te)
23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE BY 1 8 '60  Allow 1 Trans									

TO HOS ILOR ATTENDES HIVSICEN: The low equires that the death certificate be executed within 2 Lors after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remark crack pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haur after death. VS A15 (4) 15M 9/58



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a	7	C	ゥ	c
v	Ø.	U	4	Ü

a. COUNTY	Baltimore	MAKE	NOTE:	2. USUAL RESIDENCE (	Where deceased live	b. COUNTY	Residence before ad	mission)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limits, w		IN 15	c. CITY OR TOWN (	,	limits, write RUR	L and give nearest	town)
d NAME OF HOSPIT OR INSTITUTION	Shady Nool	street address)  k Conv. Home		d. STREET ADDRESS		Yale Av	0	RESIDENCE N A FARM?
3 NAME OF DECEASED (Type or print)	Post David	L. Car		Lost	4. DATE OF DEATH	Month July	25 .	Year 1960
s sex		MARRIED NEVER MARRI DOWED DIVORCE		eb.28.	882 "1		UNDER I YEAR IF U	INDER 24 HRS Iurs Min.
during mast of was	ON (Give kind of work dane king life, even if retired) .ucfor	106. KIND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPLACE (Sie	ate or fareign countr		12.CITIZENOF WH	AT COUNTRY?
13 FATHER'S NAME	C	arter		14. MOTHER'S MAIDER Unknow				
	R IN U. S ARMED FORCES! #If yes, give war or dates of service	? 16. SOCIAL SECURITY NO	17, INF	Allan Gu	nter, Bo	Address k 82, Pr	att W.Va	2.
Canditions, if a gove rise to i cause (a), stating lying cause lost.	the under-	Tuluson	Lly	TIC Cou	liorax	. XXII	OU ONSET	Xelia Xelia
PART II OTH		ons <u>contributing to de</u>	ATH BUT N	NOT RELATED TO THE TEI	RMINAL DISEASE CO	DITION GIVEN	PE	AS AUTOPSY REFORMED?
	AS UNDERLYING   205 G   CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY O	CCURRED	, (Enter nature of injury	in Part I or Part II o	of item 18.)		
Y 20c. TIME OF INJUR Hour o m.	10	20d, INJURY OCCURRED While Not while at work		CE OF INJURY (Hame, fory, street, office bldg.		rawn)	(County)	(State)
21. I certify the saw the deced 1225 SQUATURE 1225 PHYS CJAN'S NAMY (Type)	- 71	Vended the deceosed 15 1900 and 17mh M VIZNIK	that de	D. ATTENDING PHYS  22d ADDRESS  42 9	MED _ S	TAFF. SV	on the dote sto	(II) (we) lost sted above. 226 DATY 26 STATE
23a BURIAL, CREMATIC REMOVAL (Spec fy) Burial		23c. NAME OF CEM		CREMATORY	440	(City, town, or o	county)	(State)
24. FUNERAL DIRECTOR Witzke F		ADDRESS		Comment of the comment of Vi	EC'D BY REGISTRAR	255. REGISTR	AR'S SIGNATURE	

VR A1S (4) 1SM II/S9



VR A15 (4) 1SM 9/59

1		1. 0	
1	١	t	
	j	C	
AN II		3 P	
ter dea		3 P	
bours of		100	
T I		13.	
event, w		15. (Yes	
in any			
and .			
r removal			
the State Board of Health prior to buriol, cremation, or removal, and in any event within 42-bours after death,	1	THEATION	
burial, c		DICAL CERTIFIC	
oriar fo		ME	
tealth p			
ard of h	7		
ofe Boo		23a	
the Ste			
		24	ĺ

	1. PLACE OF DEATH O COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived If nativution Residence before admission) O STATE O STATE O STATE
	b CITY OR TOWN (If outside corporate limits write a LENGTH OF STAY IN 16 RURAL and give nearest town) RURAL and give nearest town) CATORSVIIIE  3 days  C. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	d NAME DE HOSPITAL (If not in hospital, give street address) OR INSTITUT ON A BABEL AVE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) BERTHA M. CHIPMAN 4. DATE OF DEATH July 7 1960
i	S SEX    6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF BIRTH   9 AGM of years   15 UNDER 1 YEAR   15 UNDER 24 HRS   4 HRS
	100 LSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BHRHPLACE (Sjote or foreign country) 12 C TIZEN OF WHAT COUNTRY:  during most of working ife, events retired)  HELICAL SC
	13. FATHER'S NAME GROUPE W. Street Margaret 4. Mason
	15. WAS DECEASED EVER INCO. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no. or unknown) (If yes, give wor or dottes of service) The Muss Ellwood Mr. Campbell Some
	18 CAUSE OF DEATH [Enier only one couse per line for (a), (b), and (c)]  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  PROPERTY OF THE PROP
	Conditions, if any, which) (b) Generales a) - arterio Selamono Sum yem
	gave rise to immediate cause (a), stating the under- fying cause last.  DUE TO  (c) Muyo Cardits - Conficle Eurobali - 3days
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6, 19 WAS AUTOPSY PERFORMED? YES NO 19 NO 19
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  While at wark
	21 I certify that (1) (this hospital) altended the deceased from July 5 1000, to July 7 1000, that (1) (we) las saw the deceased alive an Jewy 7 1900, and that beath occurred a M.M. from the causes and an the date stated above
	220 SIGNATURE  ATTENDING MED. STAFF SIGNED  ATTENDING DIRECTOR PHYS   22b. DATE SIGNED
	PHYSICIAN'S NAME (Type) Wether Der FORT 22d ADDRESS 118 St. Paul & Bulto. MW
	23d BUR, AL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR, CREMATORY 23d. LOCATION (City, town, ar county) (State)  Council 7-90-60 Tarburted Cemetery Baltimere Mid
4	25 REC'DAY REGISTRAR'S SIGNATURE STRAK'S SIGNATURE DATE 254 REC'DAY REGISTRAR'S SIGNATURE DATE



TO HO

VR A1S (4) 1SM 9/59

1

# MARYLAND STÂTE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07678

7	712		CERTIF	ICAT	OF D	ATH	1		()	767	8
1. PLACE OF DEATH O. COUNTY BALTIMO	RE		MARI	LAND	o. STATE M	ARYLA	here deceased I	ived If institution b. COUNTY	on Residence	before odm	iss'on)
	f outside corporate im	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (IF	autside corporat	te limits, write R	URAL and giv	re nearest to	wn)
RURAL and give no			12 DAYS		B.	ALTIN	<b>MORE</b>				
	'At (If not in haspital,	give street	address)		d STREET A	DDRESS				e fS R	ESIDENCE A FARM?
	ADMINISTR	ATION	N HOSPITAL		22	7 N F	Tammonds	Ferry	Road		No 🔣
3 NAME OF DECEASED (Type or print)	,	irst RR	TEE Widdle		CHOA		4. DATE OF DEATH	JULY	-	Day	Yeor 1960
S SEX	6. COLOR OR RACE	7. MAR	RIEDO NEVER MARRI	ED 🔲 B	DATE OF BIRTH	ł	9	AGE (n years lost birthday)		YEAR IF UN	
Male	White	WIDOW	/ED DIVORCE	D 🗆 📗 1	March 2	3, 19		44 yrs	MONINS	ays Hour	s Min
10a USUA, OCCUPATIO	ON (G ve kind of work king life, even if retire	done 10b	KIND OF BUSINESS C	R INDUSTR	Y II BIRTHPL	ACE (Stote	or foreign cour	ntry)	12 CITIZI	EN OF WHAT	COUNTRY
Barber	ang the, even it retter	٥,	Barber S	hop	No	rth (	Carolina	1	J	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME				
PURR LEI	E CHOATE, S	SR.				DAIS	Y BELCK	ER.			
IS WAS DECEASED EVE	R IN U.S. ARMED FO.		SOCIAL SECURITY NO	17, INFO	RMANT			Add	ress		
YES	PTE		214-12-7311	. CI	IN.REC	RDS	VA HOSP	BATTO 1	D FT	HOVARL	DTV
18 CAUSE OF DEA	ATH (Enter only one o	ause per l	ne far (a), (b), and (c).	]						INTERVAL	
PART I DEA	TH WAS CAUSED BY	E	DENIA OF THE	LUNG	S					ONSET AN	AY
	3000 T										09000
Conditions, if a	nu mhich )	P	ORTAL CIRRH	OSIS	OF THE	LIVE	R			IINK	NOWN
gove rise to i	mmediate Duc T	b)									2101121
tying cause ost.		(c)	BLEEDING ES	OPHAG	EAL VAR	ICES				IINK	NOMN
Z PART II OTH			CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERA	AINAL D SEASE O	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
GAST	TRITIS AND	DUOD	ENATIS								FORMED? NO []
20g. ACCIDENT WA	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY C	CCURRED.	(Enter nature o	f injury in	Port I or Port I	of item 18 )			
20c TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Y	While	INJURY OCCURRED Not while ork at work		E OF INJURY (i			r town)	(Co	ounty)	(Stote
21. I certify the	it 🗯 (this hospite	al) atten	ded the deceosed	from_J	uly 6	19	260, to	July 18	19 60	a, that (1)	xtxe) las
			B19_60 and								
220 SIGNATURE	11.		1	-							225 DATE SIGNE
11, 42	Man	rw	2PL	M.I	ATTENDING PHYS		AED DIRECTOR [	STAFF PHYS TK	,	7/18/6	
22c. PHYSICIAN'S DIAME (Type)	1				22d, ADDRE	SS					
MALI	FR J. PIJA	MONSH	KT. H.D.		A.V.	H BA	LTO ID.	FT HOVE	RD_DIV	ISION	
230 BURIAL CREMAT C	N 236 DATE THERE		23c NAME OF CEM	ETERY OR				ON (City, town,			late)
REMOVAL (Specify)	7-31-	-60	Baltim	ore N	ational		Rel	ltimore.	Ma		
24 FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS			25a. REC	D BY REGISTRA		STRAR'S SIGI	MATURE	
Leonard J.	Ruck Funer	al H	5305 H		Re.	DATE II	11 21 '60	C	Chan 8 - #	Tank.	
Francisco re- co- d-			Balto.	Fld.						A	



25a. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE Carthury S. Frank

24 FUNERAL DIRECTOR'S SIGNATURE

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CENTICICATE OF DEATH

	()		CERTIF	CAII	OF DEATE	1				
PLACE OF DEATH BALTIN	MORE		MARYL	- 11	USUAL RESIDENCE (W	here deceased	lived. If institution b COUNTY	Residence be	fare adm	ission)
b. CITY OR TOWN (If auto	side carporote limit	, write	c. LENGTH OF STAY I		c. CITY OR TOWN (IF		ite limits, write RUR	AL and give r	earest to	wn)
d NAME OF HOSPITAL (FOR INSTITUTION OF INSTITUTION AL	f not in hospitol, g OMINISTRA				d. STREET ADDRESS 5203 E	ELMER AV	Æ		ON	A FARM?
3. NAME OF DECEASED (Type or print)	LEO	1	Middle J	CH	RISTIE	4. DATE OF DEATH	July	d	29	Yeor 19 60
	COLOR OR RACE	7. MARRI WIDOWE	ED A NEVER MARRIEI		PRIL 20, 18	395	1 11 11 11	Manths Day	+	T -
10a USUAL OCCUPATION (C during most of working I TENNIS INSTI	ife, even if retired)		CIND OF BUSINESS OF		LOWELL, N				of what SA	T COUNTRY?
13 FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
Amos Christ:	ie				Eugenia l	Merrinea	au			
	U. S. ARMED FORG , give wor or detes of se	vice]	social security no. Jnk		n. Rec. Vet	t Adm Ho	Addres Sp Balto		d Ft	Howar
PART I DEATH V	[Enter only one cau YAS CAUSED BY: AEDIATE CAUSE (a) DUE TO		e for (a), (b), and (c).] AR PNEUMON	IA LE	FT LUNG				NSET AN	BETWEEN ID DEATH
Canditions, if ony, gave rise to imme cause (a), stating the y lying cause lost.	diate	GA	OMA OF THE	LEFT	FRONTAL LO	BE OF T	HE BRAIN		Unkn	rown
PART II OTHER S	IGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVEN	IN PART 1(o)	PERI	S AUTOPSY FORMED?
OR CONTRIBUTING	NDERLYING DEATH	20b. DESC	RIBE HOW INJURY OF	CURRED	Enter noture of injury in	n Part   ar Port	II of (lem 18.)			
ZOc. TIME OF INJURY A Hour a. m. p. m.	Aonth, Day, Yea	r 20d. 1N While of wark	Nat while		E OF INJURY (Hame, for y, street, affice bldg., e		ar town)	(Coun)	y)	(State)
21 I certify that XI saw the peceased	this haspital	attend y_29	ed the deceased to 19 60, and	framJu. that dec	ly 8	000 to Jr		. 1960 an the da	that (f) te stati	(we) last
220 SIGNATURE	yan	m	ske	M	ATTENDING	MED DIRECTOR	STAFF PHYS 🔀			7/29/6
NAME (Type)	LTER J. P	IJAN	OWSKI, M. D	)	VAH Balto	18, Md	Ft Howar	d Divi	sion	
230 BUR A. YCREMATION. REMOVAL (Specify) Burial	8/2	60	23c NAME OF CEME Baltimore				ON (City, tawn, ar	_	_ `	iate)

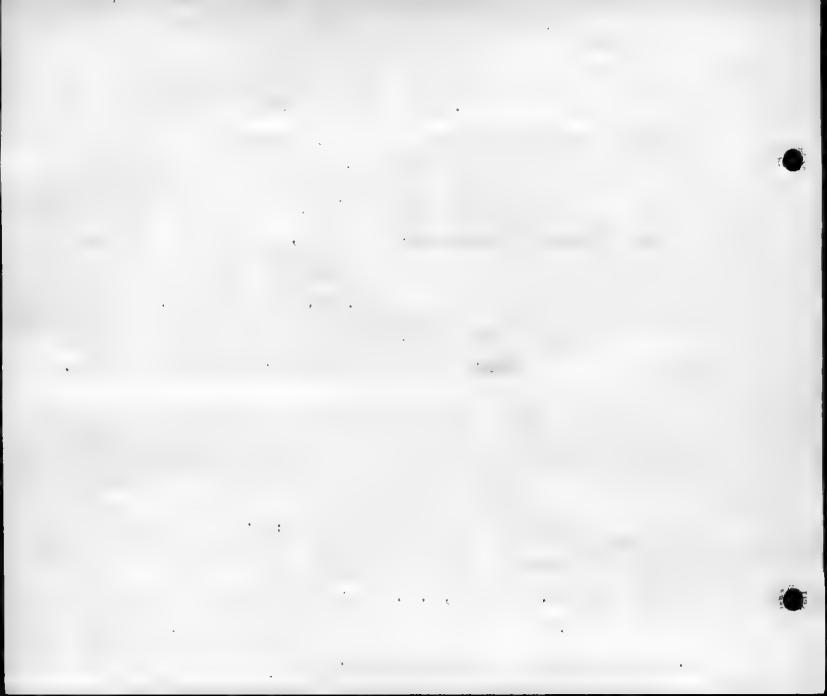
ADDRESS

C. Vernon Lemmon 4611 Park Heights Ave Balto. Md DATE AUG 1

TO HOSE I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 as offer death. Page 4 may be may be made by the haspital an attending physician.

TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remained appears. Pages 1 and 2 should be fifted with the State Board of Health prior to burial, crematian, ar remaind, and in any event, within 77 flautopifer death.

VR A1S (4) 15M 9/59



CERTIFICATE OF DEATH with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY be Fled MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should ataNSVI UCHN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Nes-NUNSING-HOM touse puo NAME OF Middle 4. DATE First Last Month filled DECEASED OF (Type or print) DEATH S SEX 9. AGE (in years lost birthday) 6 COLOR OR RACE MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Famale DIVORCED [ WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (Stote or foreign country) during most of working life, even if retired QUERN Woman OFFICER ESSUL WEMEN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME NOL WAS DECEASED EVER IN U. S. ARMED FORCES? 118, SOCIAL SECURITY NO. 17. INFORMANT Address attending ease CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) DUE TO é Conditions, if any, which been signed gove rise to immediate **DUE TO** couse (a), stating the underlying cause last burial-transit PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) USE Hour a.m. While Not while of work of work detached for u 19 6 Othat I last saw the deceased 21. I certify that I attended the deceased from alive on and that death accurred at 1\_A\_M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. SURIAL CREMATION. 22d. LOCATION [City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

a. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🗍 NO 🖺

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY? (

Doys

(County)

Months

ON A FARM? YES NO 1

Year

196

Poge death. death certificate physician gined



VR A1S (4) 15M II/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07681

CERTII	IOAIE OI DEAIII
1. PLACE OF DEATH a. COUNTY BALTIMORE MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON BAGLEY AUE	d STREET ADDRESS  32/ SMALL COURT,  9. IS RESIDENCE ON A FARM? YES   NO [
NAME OF DECEASED (Type or print) EMMA DIETRICH	CLASSEN 1. DATE Month Day Year DEATH JULY 13, 196
S. SEX 6. COLOR OR RACE 7 MARKET NEVER MARKET	lost birthday) Months Days Hours Min
0a USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS O during mast of warking life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DIETRICH	UNTENOWN
IS WAS DECEASED EVER IN U. S. ARMED FORCES?  (1 yes give wor or dates of service)  (2 yes give wor or dates of service)	JOHN A DIETRICH, 321 SMALL COURT, CATOR
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Port 1 or Port II of item 18.)
20c TIME OF NJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While at work of work	20e PLACE OF INJURY (Home farm, factory, street, affice bldg., etc.) (Statement of the street, affice bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased saw the deceased alive on	fram
120 SIGNATURE PUBLICA A ASSESSED	M.D. ATTENDING MED STAFF M.D. PHYS. TO 17/15/60
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS : if / 1 x 3 h / 1 / 1 / 1 / 1
130 BUR AL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEME SEMOVAL (Specify) / ULY 16/60 LOUDON	ETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State)  PARK BALTO, MD1
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAPO 250 REGISTRAR'S SIGNATURE
WITEKEFUN. DIR, 4101 EDMOND	DSOIN AVE DATE



certificate bill executed



VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7717	CERTIFICATE OF DEATH	R

07683

1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MARYLAND	a. STATE Maryland b. COUNTY Balto.
	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town)
	RURAL and give negress town	Widdle Airer
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	or institution of al	1511 Hilson Ot. Rd. YES NO
3.	NAME OF First Middle	Lost 4. DATE Month Day Year
	DECEASED	OLE DEATH SULY 14 1960
5	SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED	B DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 MRS   lost birthdoy)  Months Days   Maurs   Man
	FEMALE WHITE WIDOWED   DIVORCED	Oct. 5, 1922   Ost birthdoy) Months Days Haurs Min
10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most af working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CIT.ZEN OF WHAT COUNTRY?
	HOUSEWIFE	EL PASO TEXAS U.S.A.
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	THOMAS GILKEY	MARY FRANCES MC KENNA
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address
	It yes, give war or done or services	R. EMORY COLE 1511 Holson Pt. Rd.
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  MULTIP	SCLER 1
	Q LL TO DUE TO	
	Conditions, if any, which )	
	gave rise to immediate	
	couse (a), stating the <u>under-</u> lying couse last.	
z	, 10	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
CERTIFICATION		PERFORMED? YES NO N
IE	200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH	D (Enter nature of injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ctory, street, office bldg., etc.)
WED	Hour o. m.  p. m.  19 While Not while of work of work	and y and a man braggy and y
	21. I certify that I offended the deceased from Jul	7, 1956, to July 196, that I lost saw the deceased
	alive on 7-14, 19 (2), and that death	occurred of 3.3 AM, from the couses and on the date stoted obove.
	1: 12 12 9: 1	ADDRESS (Street, city or lown, state) DATE SIGNED
	SIGNATURE LACI. CELCO, To	M.D. SCSTUSELACEAUE 7/15/
	PHYSICIAN'S M. CASTRO JR, M	, )
22	B. BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d LOCATION (City, town, or county) (State)
	BURIAL 7-16-60 SACRED	HEART BALTO, CO. MD.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5	pho J. Connelly 418 Gastern F	DATE JUL 18'60



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

07684

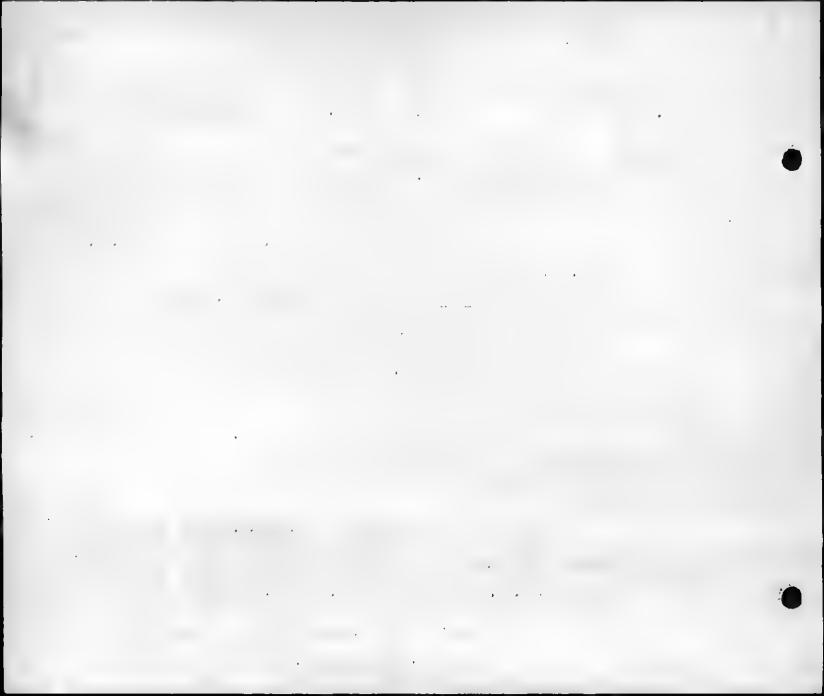
1.	PLACE OF DEATH COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (WE MARY LAND	nere deceased lived. If b. C	institution: Resident COUNTY Balt1	ce before admission)
	b CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. CITY OR TOWN (IF o	outside corporate limits	, write RURAL and g	give nearest tawn)	
	Mt. Wilson		20 years	Mt. Wilson	, Marylan	d	
		AL (If not in haspital, give stree	1 address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	None			none			YES NO NO
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year
	(Type or print)	Helen	PI.	Cone	DEATH	7	29 19 60
	SEX		RRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (	In years IF UNDER	Days Hours Min
F	emale	White WIDOV	VED DIVORCED	2/7/08	52	rthday) Months	Doys Floors I will
10	usual Occupatio	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITI	ZEN OF WHAT COUNTRY
H	ospital at		Hospital	Rochester	, New York	U	. S.
13	FATHER S NAME			14. MOTHER'S MAIDEN N	NAME		
	海3	red. E. Cone			?		
		IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.1	ords on file	at Mt.Wil	Address Son State	Hospital
	No	2	216-38-3209	00100 011 1,110	Q 0 11 08 17 L L	0011 0000	1100 p 2 0 0 0 1
		TH [Enter anly one couse per					INTERVAL BETWEEN
	PART I, DEAT	TH WAS CAUSED BY (MMEDIATE CAUSE (o)	Cerebral hemorr	hage			ONSET AND DEATH
		DUE TO					
	Conditions, if an	y, which ) (b)	hypertension.				10 Years.
	gave rise to in couse (o), stating t	nmediote (					
	lying cause lost.	(c)					
Z	PART II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	TON G VEN IN PAR	T 1(6) 19 WAS AUTOPS'
FICATION		1	Pulmonary tuber	culosis, inac	tive.		YES NO
CERT FI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I ar Part II of Hen	n 18.)	
\ N				ACE OF INJURY (Home, form	, 20f (City or fown)	(<	County) (Stat
MEDICAL	Hour a m,	19 While	e	ctory, street, affice bldg., etc	-)		
"		(I) (this bossite)) atten	ided the deceased fram.	July 23 19	60 to July	29 196	Q, that (I) (we) las
	saw the decease		29_19 60, and that		M. from the cou	ises and an the	Q, that (I) ( <del>we</del> ) last date stated abave
	220 SIGNATURE	9 . 11	Table 1	1	,		22b DATE
	1 Will	Caren 1/110	mu.	M.D. PHYS. ATTENDING	ED STAFF	_ 7	/29/60 SIGNE
	22c. PHYSICIAN'S	TOTAL CONTRACTOR OF THE CONTRA		22d. ADDRESS			
	WILLIAM I	VEWCOMER, M. D.	•	Mt. Wilson	, Maryland		
23	a BURIAL, CREMAT OF	N. 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (CIT	y, town, or county)	(State)
ىڭ	REMOVAL (Specify)	7/31/50	Jarunia Gu	m to say	Grome 1	T NE SELECT	
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	250. REC'		56. REGISTRAR'S SIG	GNATURE
1	rouse to	must Hime	1017 3. 3%	STAR S DATELLI	G 1 '60	011 9	Hama
1	Loris S	· Irane					

may be refunded by the haspitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has basen signed by the ottending physic on old campletely filled in by the funancial director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with, the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hards and death OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2.1 TO HOS

rs after death. Page 4

VR A15 (4) 15M 9/59



# may be remined by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fred with 18 state Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1700×

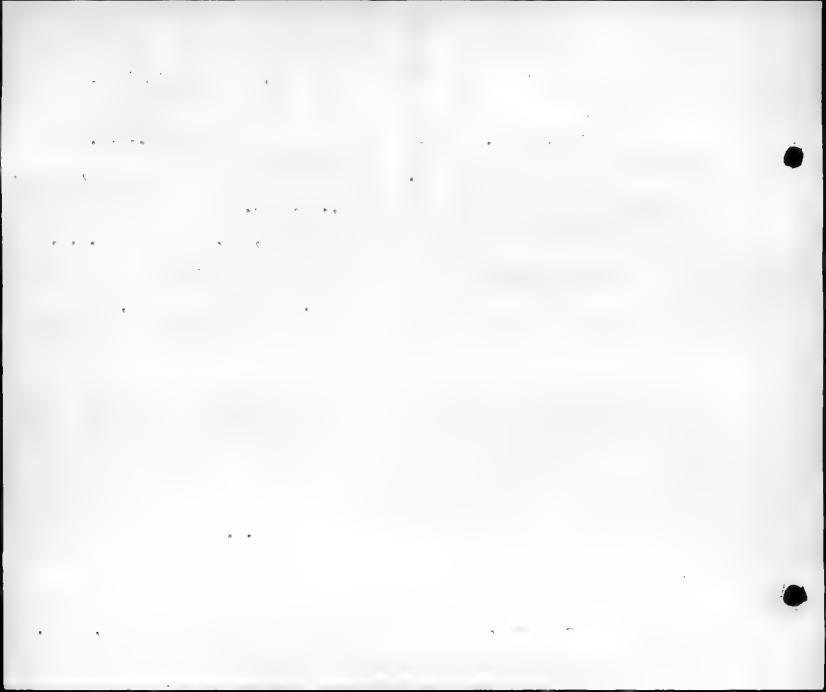
•	* # 1/	CEKI	IFICA	IE OF DEA	HILI			000	<u>(; 0</u>
PLACE OF DEATH COUNTY	Baltimore	MA	RYLAND	o STATE	E (Where deced	sed hved. If instituti b. COUNTY		efore odmissio	on)
6 CiTY OR TOWN (II RURAL and give ne	f outside corporate limits, v	rrite c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN	N (If outside cor	porate limits, write R	URAL ond give	nearest town)	1
Denote House		65 Days		Balt:	imore	. 1	1 2 1		
d NAME OF HOSPIT	AL (If not in hospital, give	street oddress)		d. STREET ADDRE	ESS		4	e. IS RESII	DENCE FARM?
	Administrati			3201	Claren	ce Avenue			
3. NAME OF DECEASED	First	Mid	dle	Last	4. DATI	E Mor	oth	Day Y	ear
(Type or print)	GEOR GE	F.		COOPER	DEAT	rh JUIN	7 2	1	9 60
5. SEX	6 COLOR OR RACE 7	MARRIED NEVER MA	RRIED 🔲 B	DATE OF BIRTH		9 AGE (In years lost birthday)	Months Day		R 24 HR Min.
Male	White w	DOWED DIVOR	CED 🔲	4/12/94		66 yrs	Monins Day	S HOURS	AUD.
10a USUAL OCCUPATIO	ON (Give kind of work done sing life, even if retired)	106. KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE	(State or foreign	r country)	12. CITIZEN	OF WHAT CO	OUNTRY
Doctor	ang me, even a temes,	Physician	,	Kansas	Citer. M	issouri	U.S	3.A.	
13. FATHER'S NAME		7		14. MOTHER'S MAIL					
Cal	vin L. Coope	r		M	ary Sha	nnon			
15 WAS DECEASED EVER	R N J S. ARMED FORCES	? 16 SOCIAL SECURITY	NO 17, IN	FORMANT		Add	iress		
Yes	WW I	123-03-877	4 C1:	in.Rec.VAH	,Balto.	18, Md.Ft.	Howard	Divisi	ion
Conditions, if or gove rise to in couse (a), stating lying couse lost.	mmediate DUE TO	_ASTROCYTO		DE TIT LEF				NOM 8	rhs
¥	ER SIGNIFICANT CONDITI		DEATH BUT I	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GIV	VEN IN PAKT I(O	PERFOR	NO X
3 (IF EITHER, NOTIFY	S UNDERLYING (1) 20% CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY	OCCURRED	. (Enter noture of inju	icy in Port I or I	Part II of item 18.)			
Y 20c TIME OF INJUR Hour o. m.		20d. INJURY OCCURRED While Not while at work of work		CE OF INJURY (Home lory, street, office bldg		City or fown)	(Coun	ty)	(Stot
	of () (this haspital) a sed alive an July	ttended the decease 2 19 60 a	nd that de	A.D. ATTENDING PHYS 22d. ADDRESS	2 AM, fra	m the causes an	nd an the do	7/2/6	abavi DATE SIGNE
23a. BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF C	EMETERY OR	RCREMATORY	23d. LO	CATION (City, town,	or county)	(Stote	:)
- Removal	7-6-6	O Arlingto	n Nat	ional		Arlington.	Virgin	nia	
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS HONE	and Par	250	REC'D BY REG	SISTRAR 25b. REGI	STRAR'S SIGNA	TURE	
Wm.Cook-Bli	ght. Inc.	6009 Harfo	ord Ros	arvland DAI	TE TILL 6	'60 an	Thun S. Kr	alle	

TO HOS VR A15 (4) 15M H/S9



VS A15 (4) 15M 9/58

	MARYLAN	STATE DEPART	MENT OF HEAL	TH-BALTIN	ORE, 18	ABOL	0.0
	7670	CERTIFIC	ATE OF DEA	TH	Re	() 768 eg. Dist. No.	36
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived	b. COUNTY Ba.	Residence before	odmission)
b. CITY OR TOWN (IF RURAL ond give near Dund		c. LENGTH OF STAY IN 16	2	(If outside corporate li			
d. NAME OF HOSPITAL OR INSTITUTION 1902	L (If not in hospital give streets Snyder Ave	11	d STREET ADDRESS	902 S <b>ny</b> d	er Ave	.,#22	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	ANNA	Middle	COSGROVE	4. DATE OF DEATH	July	17	Yeor 19 60
s. sex Female		RRIED NEVER MARRIED D	B DATE OF BIRTH Sept. 17.1	10!	SE (In years IF I buthday) Ma		Hours Min
IO. USUAL OCCUPATION	(Give kind of work done )( ng life, even if retired)	At Home	DUSTRY 11. B RTHPLACE (5		)	12. CITIZEN OF	WHAT COUNTRY
3 FATHER'S NAME	WOLK.	No Home	14. MOTHER'S MAIDE	N NAME	l		
5. WAS DECEASED EVER		6 SOCIAL SECURITY NO	INFORMANT	Agnes Bu	tler Address	0	
(Yms. no. or unknown) (II	yes give war or dates of service)	None	Marie A. H	ollhein	Sar	ne.	
PART I. DEATH	H (Enter only one couse per H WAS CAUSED BY MMEDIATE CAUSE (b)	I de for (0), (b), and (c).]	re Haa	A /well	a rei	INTER ONSE	AND DEATH
Conditions; if ony gove rise to im couse (a), stoting the lying couse last.	mediate (	boundary	murf/			d d	2925
CATIC	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH, B	10/				WAS AUTOPS) PERFORMED? YES NO
OR CONTRIBUTING E	UNDERLY NG [] 20b D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury	in Part I ar Port II of	item 18 )		
20c TIME OF INJURY Hour a.m.	Whi		PLACE OF INJURY (Home, foctory, street, office bldg.,		ewn)	(County)	(Stote
21. I certify the alive on	I I attended the dece		th occurred at 2 * 3	ADDRESS (Street)	causes and c	on the date	the decease stated above DATE SIGNE
PHYSICIAN'S NAME (Type)	JACK (	D Pollin	S B,	16/- 2	. 72		
220 BUR A., CREMATION REMOVAL (Specify) Burial	7- 20 -60	22c NAME OF CEMETERY Oak Lawr		22d. LOCATION 7225 E	(City, tawn, or co	ounty) Blvd	(State)
23. FUNERAL DIRECTOR'S		ADDRESS	A/ Q1/F 240. 1	EC'D BY REGISTRAR		AR'S SIGNATURE	



MMO.1

#### MARYLAND STATE DEPARTMENT OF HEALTH

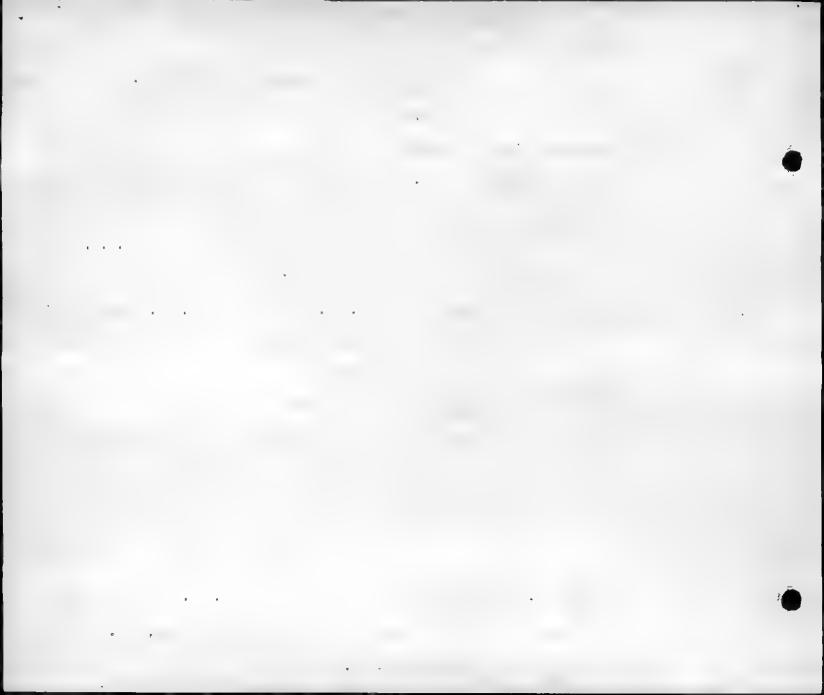
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07687

w 1/3	CERTIFICATE OF DEA	00000				
ge 4	1. PLACE OF DEATH 2. USUAL RESIDENCE	CE (Where deceased lived if institution Residence before admission)				
. Page I director filed with	Baltimore MARYLAND O. STATE Mar	wland b COUNTY St. Mary's County				
e funeral ould be f	b. CITY OR TOWN (If outs de corporale limits, write c LENGTH OF STAY IN 3b c. CITY OR TOW RURAL and give nearest town)	N (If outside corporate limits, write RURAL and give nearest town)				
funeral funeral	77 1 77 4	nanicsville / >				
ofter de the fun 2 should	d NAME OF HOSPITAL (If nat in haspital, give street address)  OR INSTITUTION  d. STREET ADDR	e. IS RESIDENCE ON A FARM?				
d n	Veterans Administration Hospital	YEŞ ₩ NO □				
ed i	3. NAME OF First Middle Lost	4. DATE Month Day Year				
filled ges 1 eath	(Type or print) IORENZO D. CROUSE	DEATH JULY 1 19 60				
within Page er dea	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH	last birthday) Manths Days Hours Min				
ed v	Male White WIDOWED DIVORCED 10/21/92					
carr	10a. USUAL OCCUPATION (Give kind af work dane) during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE	(State or fareign country) 12. CITIZEN OF WHAT COUNTRY?				
and on 2 h		w. Michigan U.S.A.				
on corb	13. FATHER'S NAME	IDEN NAME				
certificate  1g @hysicio 1 remove a  event, withi		nown				
nding ghysi nding continued in sevent, wi	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or doles of service)	Address				
ng ii	Yes WW I None Clin.Rec.VAH	Balto 18 Md. Ft Howard Division				
an X v riv	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
orte orte	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) HEART FATILIRE (PUIMONARY F	DEMA) 10 DAYS				
that the by the a tr. Then al, and in	DUE TO					
tho li.	Conditions, if ony, which ) (b) MYOCARDIAL INFARCTION	1 MONTH				
ires erm nov	gove rise to immediate DIE TO	T. AMINATI				
Sign Sign	lying couse lost (c) ARTERTOSCIERTOIC HEART DISE	UNKNOWN				
w record in the second and second		TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
e lo shys ss b ss b col-tr	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED? YES NO				
The particular of the particul						
ANS andii icat icat he l he l	206 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inj OR CONTRIBUTING [] CAUSE OF DEATH [] (If EITHER, NOTIFY MEDICAL EXAMINER)					
otto griff griff urio	3 20c. TME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hom					
HY ar a b	Hour a. m. While Not while foctory, street, affice bld	g., etc.)				
P sitel						
Africed ed	21 I certify that (1) (this haspital) attended the deceased from June 21	,				
Tach Salah	saw the deceased give an July 1 19 60, and that death accurred a					
P P P P P P P P P P P P P P P P P P P	ATTENDING _	MED STAFF 22b DATE SIGNED				
OR ined Id be	22c. PHYSICIAN'S 22d. ADDRESS	DIRECTOR PHYS. X 7/2/60				
<b>≠</b> P ≥ 8	NAME (Type)	TO 10 MY DE MOVIED DATES				
RAI B 3 sho	GERGE C. MCELFATRICK VAH, BAL					
HOS hoy be ILUNIII oge 3 ne Stot	230 BUR AL, CREMATION 230 DATE THEREOF JGC. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d LOCATION (City, town, or county) (State)				
O HOS moy b O EUN page the Ste	Burial 7/5/60 St. Joseph Cem.	Morganza, Md.				
F F		REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE				
VR A15 (4) 15M 9/59	Robinson Funeral Home, Leonardtown, Md.	BUL 7 '60 Orthur S. Kraus				

Leonardtown, Md.



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND at the come of CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) 0 d NAME OF HOSP TAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS OR NSTITUTION ON A FARM? YES NO A Dia Con Rous 4. DATE Middle Manth Year DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF SIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED lost b rthday) Months Days WIDOWED [ DIVORCED | 10a. USUA\_ OCCUPATION (Give kind of work done 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Contractor Wate, Italy D'Adriac Co. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 116. SOCIAL SECURITY NO Address [Yes no or unknown) 0 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate cause (a), stating the under-5 lying cause last Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (State) (County) Hour a.m. factory, street, office bldg., etc.) While Not while at work p. m. 21. I certify that I attended the deceased fram..... 7... 196 (that I last saw the deceased \_\_\_, and that death accurred all alive an 🗇 ZM, from the causes and an the date stated abave. 8 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify), 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



the death



I

### MARYLAND STATE DEPARTMENT OF HEALTH Properties of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEATH

ABOA

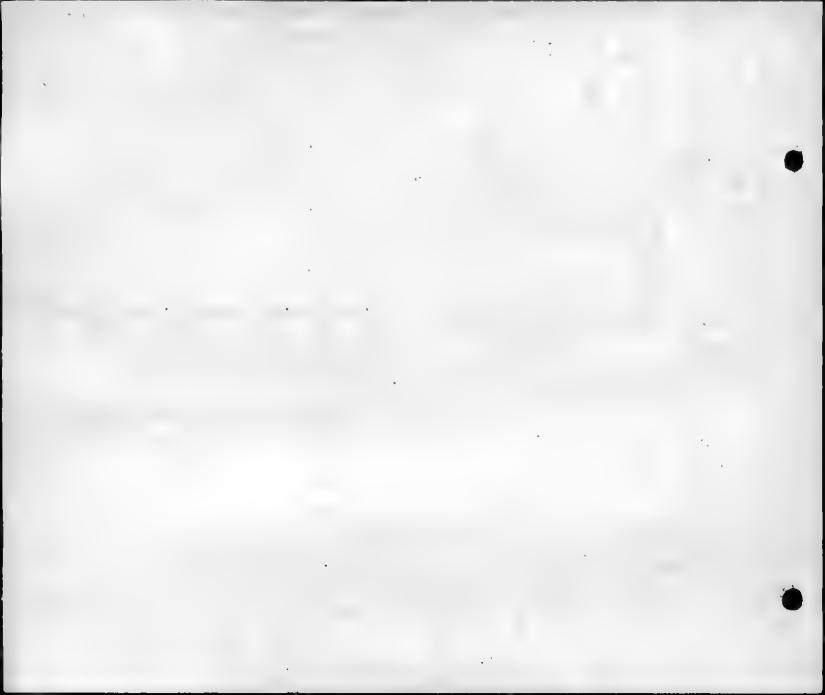
V		CERTIFICA	E OF DEATH		07696				
	PLACE OF DEATH		2 USUAL RESIDENCE (Where	e deceased lived. If institution:	Residence before admission)				
	BALTIMORE	MARYLAND	o. STATE MARYLAN	D b. COUNTY	Baltimore				
	b CITY OR TOWN (If outside carporate imits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RUR/	AL and give nearest town)				
	RURAL and give nearest town) FORT HOWARD	16 DAYS	CHASE						
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	iddress)	A STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	VETERANS ADMINISTRATION	N HOSPITAL	♪ Rt #16 Bo	x 328	YES NO				
	3 NAME OF First	Middle	Na Last 4	DATE Month	Day Year				
	(Type or print) FRANK	J De	POITIERS	DEATH JULY	6 1960				
	S SEX 6 COLOR OR RACE 7- MARRI	IED TO NEVER MARRIED []	DATE OF BIRTH	9. AGE (In years IF	UNDER TYEAR IF UNDER 24 HR				
	MALE WHITE WIDOWS	D DIVORCED	JUNE 30 1886	last birthday) W	Nonths Days Hours Min				
	10a USJA, OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY				
١		LUMBING CO	BALTO MAR	YLAND	USA				
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	CUSTAVE DePOITIERS		WALLY BES	SER					
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. IN	FORMANT	Address					
		16-10-9755 ci	LIN REC VAH BA	LTO MD FT HOWA	RD DIVISION				
	18. CAUSE OF DEATH [Enter only one couse per lin	e far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY EDEMA OF LUNGS								
	SOEKE CARE		Y AND DILATAT	ION	UNK				
	Canditians, if any, which ) (b) DIAE	10							
	gave rise to immediate cause (a), stating the under	ED GENERALIZED	ARTERIOSCIERO	SIS	UNK				
	lying cause last. (c)								
	PART II OTHER SIGNIFICANT CONDITIONS C				PERFORMED?				
	3 Status post surgical amp	outation both 1	egs for arter	losclerotic obl	Literans YES NO [				
	PART II OTHER SIGNIFICANT CONDITIONS C  Status post surgical amy OR ACC DENT WAS UNDERLY NG D OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter nature of injury in Par	t I ar Part II af item 18.)					
	3 20c TIME OF INJURY Manth, Day, Year 20d. IN		CF OF NIURY Ihame, farm,	20f (City or town)	(Caunty) (State				
	20c TIME OF INJURY Manth, Day, Year 20d. IN While pm 19 at work	TAME WILLS	tary, street, affice bldg., etc.)						
	21 I certify that 💢 (this haspital) attended	ed the deceased from $I$	LINE 20 . 12.6	O, taJULY 6	, 1960_, that N (we) las				
	saw the deceased alive an . 7/6/60				an the date stated above				
	22a SIGNATURE	0 . /	1		22b. DATE SIGNE				
	Hilitals	In Hood		CTOR PHYS.	7/7/60				
	22c PHYSIC AN'S NAME (Type)	1-10-00	22d ADDRESS		., .,				
	THOMAS R HOOD	M.D.	VAH BALTO	18 MD FT HOWAR	D DIVISION				
	23a BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR	CREMATORY 2.	3d LOCATION (City, lawn, ar o	county) (State)				
	BURIAL /-//-60	The second secon	IONAL.	BALTIMORE MAR					
	24 FUNERAL D RECTOR'S S GNATURE	address of bla	0 16/1		ARS S GNATURE				
	WM Cook-Blight The Sore H	arford Road	force ROL DATE JUL	12 00 024	ur S. Kraus				

VR A15 (4) 15M 9/59



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7724 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY TO **b.** COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Baltimore Baltimore 18 d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DE OR INSTITUTION 54 Armacost Nursing Home 2312 N. Charles Street YES NO T Ē 4. DATE OF DEATH NAME OF Middle Lost Day Year filled i DECEASED July MAUDE E. DRYDEN Poges (Type or print) 30 60 10 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9 AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS campietely Months Doys White WIDOWED IXIX June 8. 1876 Fema.le DIVORCED [7] papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? gud White Hall. Maryland Homemaker Pon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ö physician 늉 Sallie Wilson haurs Thomas Elliott гетауе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mr. Thomas E. Dryden-2312 N. Charles Street #18 atlending No ease IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Gouls conscarce the **DUE TO** ate has been signed by burial-transit permit. Š Conditions, if pny, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. affending physician. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 28b. DESCRIBE HOW INSURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) certificate as the 5 crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) for use Hour o. m. foctory, street, office bldg., etc.) While Not while After this of work | of work 19 ( that I last saw the deceased 21. I certify that I attended the deceased from toched alive on and that death accurred at 12 12 FM, fram the causes and an the date stated above. DIRECTOR: det **ACTUAL** å Å SIGNATURE Q PHYSICIAN'S UG-ACL FUNERAL NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (Stote) BUT 18.1 (Specify) Druid Ridge Cemetery Pikesville, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE AUG 3 withing & Kraus 15M 10/57

ofter death. Tage



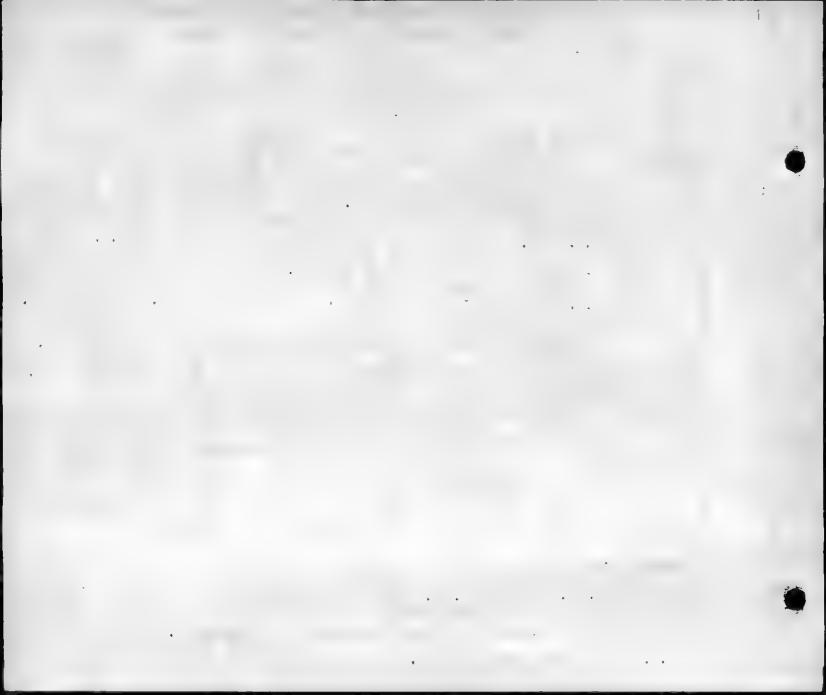
3	70		9
020	oulo		den en
0	등		i
THE CONTROL OF THE CONTROL OF TACCOLD WITHIN AS HOURS GIVEN LEGILL II ON	the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the fune: "Strector. Poge 4 should be		Setting the remainder of the first of the first of the second of the sec
2022	ď		4
201	Hor		4 40
7	1.10	<u>e</u> 5	1000
	,	ir fi	9000
Juy	Unei	You	- Paris
=	he f	for	the c
	to t	inec	1
	9	reto	0
121	0	2	Purk
5	1, 2,	30%	-
201	ě.	50	9
P T	200	oge	ì
	ive	-	ü
Ē	0	PM3	:
	1	٤	200
3	Iten	وَ	
2	르.	ŧ,	-Pro-
2	ıncil	Bus	.2
2	d	0	4
9	:	fice	20
3	guip	0	
1000	Den(	100	-
211	:T	i E	3
-	NOF	Exc	11/4
1	he	col	200

M/	ARYLAND ST	ATE DEPARTME	NT OF HEALTH	-BALTIMORE,	18
7689	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Re

	OMODI	e
Reg.	Consideration of the second of	H

1. PLACE OF DEATH Ba							2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before odmission) o. STATE Maryland b. COUNTY Baltimore					
and give nearest texm)	b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 and give nearest levin)  Reisterstown  54 yrs.						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  **Reisterstown**					n)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Old Hanover Road  Old Hanover Road								ON A	FARM?		
3. NAME OF DECEASED (Type or print)	Marion	Ovin	0	ıncan			4. DATE OF DEATH		23 <b>,</b> 1960	Day	Ye 19	
Male	White	WIDOWED	Lad -		ec.8,190				Months Months	1YEAR Days	Hours	Min.
100. USUAL OCCUPATION during most of working li	(Give kind of work di te, even if refired) U.S.F & G.	one 10b. Kil	ND OF BUSINESS OR Clerk	INDUSTR	Mary.	Land	or foreign o	ountry)		U.S.		OUNTRY?
13. FATHER'S NAME	J. Duncan				14. MOTHER'S M Julia							
15. WAS DECEASED EVER	N U. S. ARMED FOR		ocial security no. .5-07-8371	Ma	ry O. Dui	ncan,	01d H	anover	Rd.Rei	ster	stow	n, Md.
18. CAUSE OF DEATH PART I, DEATH	[Enter only one caus WAS CAUSED 8Y: MEDIATE CAUSE (o)		or (o), (b), end (c).) Oronary C	ccl	usion		-			DNS	VAL BETWEE T AND DEAT	in.
Conditions, if ony, gove rise to immediat	e cause	An	ngina Pec	tor	is						5½ ;	yrs.
(o), stating the und	(e)_	ITIONS CON	NTRIBUTING TO DEAT	H SUT NO	OT RELATED TO T	HE TERMIN	VALD SEASI	CONDITION	GIVEN IN PAR	T 1/e) 1	A ZAW O	LITOPSY
2		none								``'	PERFOR	WEDS
	19110	non		RRED. (En	ter nature of inju	ry in Port	For Port II	of item 18 ]				
20c. TIME OF INJURY Hour o, m. p. m.	Month, Day, Year	While	JURY OCCURRED 2  Not while 1	factor	E OF INJURY (Ho y, street, office b	me, form, idg., etc.)	20f. (City	none	(Co	unty)		(Stote)
21. 1 certify that death resulted fr		_				utapsy micide		nspection [		ry 🔼 ].	, and fi	nd that
ACTUAL Z	. D. E	nel	lis		M.D. CHIEF MEI	DICAL EXA	AMINER []				DATE SI	GNED
EXAMINER'S NAME (Type)	D. D. Caj	ples,	м. D.				L EXAMINEI XAMINER <b>E</b>			7-2	5-60	
220. BURIAL, CREMATION, REMOVAL (Specify) Rurial	July 26, 1	L960	Noodlawn		REMATORY metery			TION (City, tow Lawn, Mc			(Stote)	
23. FUNERAL DIRECTOR'S S J.F.Eline	GNATURE & Sons, Re	eister	stown, Md.				8Y REGIST		EGISTRAR'S SIG			

VS. A15ME(S) SM 9/55



TO HOS

VR ATS (4) ISM 9/59

I

07693

PLACE OF DEATH COUNTY Balto			MARYLAN		USUAL RESIDENCE (V	Vhere decease	ed lived. If insti b. COUN	itution: Residen	nce before o	edmission)
RURAL and give ne	arest tawn)	ts, write	c. LENGTH OF STAY IN 1	1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street address)					d. STREET ADDRESS	IID ATTT	0		e. 1	S RESIDENCE
	Beechwood	Ave.			201	N. Bee	chwood	Ave.		ON A FARM?
	Fer	si	Middle		Last	4. DATE	i	Month	Day	Yeor
(Type or print)	WILLI	M.	MILTON	EAR	CKSON, D.B			July	11,	
	6. COLOR OR RACE					n	last birthda	y) Months		UNDER 24 HRS
male					· · ·					
clergyman	N (Give kind at work ing life, even if retired	dane 10b Bi R.	shop Cummins E. Church	1	Md.		country)	12 Cti	TIZEN OF WI	HAT COUNTRY?
	lton Farcol	/con	Cm							
				7. INFO		acy		Address		
Yes, no, or unknown) (1	f yes, give war or dates of s	ervice)		Man	7 Duth F	omo okra	on 30.	T NI De	o a buo	ad Arra
	TH   Enter only one co	use per li		LLL S	The City of the Ass	<u>ereurs</u>	011 = 20.	L IV a DE		AL BETWEEN
	H WAS CAUSED BY:	•	Acteno	Cli	מרומרים	na c	<del>-</del> }X		ONSET	AND DEATH
Conditions, if on	w which \		-519m	de	d colo	7 0			6.	4725
	he under- DUE TO		711+	You	staseo					
PART II. OTH			CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION	GIVEN IN PA	F	WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	JRRED (	Enter noture of injury i	n Port I or Pa	ort II of item 18.	)		
20c. TIME OF INJURY Hour a.m.	/ Month, Doy, Ye	While	Not while	PŁACI foctor	OF INJURY (Home, for y, street, office bldg., e	irm, 20f (Cil	ty ar tawn)	1	(County)	(State)
21 I certify that		) attend	// / ~		/	952 10	July	11, 19.0	that	(l) (w <del>e)</del> last
	ed alive an	XJ	-f-194 19, and the	at dec	th accurred at	M, from	the causes	and an th	e date st	226 DATE
LE	oler (1	DI	ace/2	М.(	D. PHYS	MED DIRECTOR [	STAFF PHYS			SIGNED
22c PHYSICIAN'S	LEVIE	C 1.	2. WALL.	d	22d ADDRESS 1039	240	Faul	04	7	1/12/60
3g BUR AL, CREMATION REMOVAL (Specify)	N, 235 DATE THEREC	) F	23c. NAME OF CEMETER	RY OR C	REMATORY	23d LOC/	ATION (City, tov	wn, or county)		(Stote)
Burial	7/14/60		7/	rk (						l
AURERAL DIRECTOR'S	SUCHATURE	MY.	ADDRESS	0+	17 400	C'D BY REGIS	STRAR 2Sb. R	egistrar's s	IGNATURE	
MINN J.	win	T V X	yerry - geze	احاء يلا	DATE	JUL 13	'60	College	- Head	
	b CITY OR TOWN (IF RURAL and give new Catons of Catons o	b CITY OR TOWN (If outside corporate limit RURAL and give nearest town)  Catonsville  d. NAME OF HOSPITAL (If not in hospital, goor Institution)  201 N. Beechwood  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  White  On USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Clergyman  3. FATHER'S NAME  William Milton Earecl  5. WAS DECEASED EVER IN U. S. ARMED FOR (If yes, no, or unknown)  18. CAUSE OF DEATH [Enter only one compart! Death WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost  PART II. OTHER SIGNIFICANT CON  TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yes, Hour a.m.  p m  21 I certify that (I) (this hospital saw the deceased drive and the couse (a) and the couse (b) and the couse (c) and t	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville  d. NAME OF HOSPITAL (If not in hospital, give street or institution)  201 No Beechwood Aveo  NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE  WILLIAM  OG USUAL OCCUPATION (Give kind of work dane)  Od USUAL OCCUPATION (Give kind of work dane)	Described by the control of the cont	Balto MARYLAND  b CITY OR TOWN (if outside corporate limits, write RIRAL and give nearest town) Catons ville  d. NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION 201 No Beechwood Ave  NAME OF DECCASED  First  Middle Type or print)  SEX  6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED CLORYTHAN  SEX  6. COLOR OR RACE WiDOWED DIVORCED  6. COLOR OR RACE WIDOWED DIVORCED CLORYTHAN  SEX  6. COLOR OR RACE WIDOWED DIVORCED  6. COLOR OR RACE WIDOWED TO CUMPAIN S  FISH OF DECLASSES OR INDUSTR  BISHOP CUMPAINS  FISH OF DEATH [Enter only one couse per line for (a), (b), and (c).)  PART! DEATH WAS CAUSE BY. IMMEDIATE CAUSE (a)  DUE TO  CONDITIONS, if only, which gove rise to immediate couse (o), stoting the underlying COLOR (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  COUSE (o), stoting the underlying CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  200 ACCIDENT WAS UNDERLYING COUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  21 I certify that (1) (this hospital) attended the deceased from 19 of work of work 19 of wo	De LITY OE TOWN, (if outside corporote limits, write RURAL and give nearest lown) Catons ville  d. NAME OF HOSPITAL (if not in hospitol, give street address)  d. STREET ADDRESS  OR INSTITUTION  201 No Beechwood Ave.  201  NAME OF HOSPITAL (if not in hospitol, give street address)  OR INSTITUTION  201 No Beechwood Ave.  201  NAME OF HOSPITAL (if not in hospitol, give street address)  OR INSTITUTION  201 No Beechwood Ave.  201  NAME OF HOSPITAL (if not in hospitol, give street address)  OR INSTITUTION  SEX  6. COLOR OR RACE  WILLIAM  MILTON  EARECKSON, A.D.  DIVORCED  DIVORCED  DIVORCED  June 7, 189  OR USUAL OCCUPATION (Give kind of work done light kind of Bushless OR INDUSTRY 11 BIRTHPLACE (Sto Church)  Rishop Cummins  Md.  14 MOTHER'S MAIDEN  AND M.  WILLIAM  MILTON  EARECKSON, A.D.  Md.  15 NOTE AND CUMMINS  Md.  16 SOCIAL SECURITY NO.  17 INFORMANT  If ye. give war or deles of service)  PART 1 DEATH WAS CAUSED BY:  If ye. give war or deles of service)  DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  202 ACCIDENT WAS UNDERLYING  DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  10 DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  10 DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  10 DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  10 DUE TO  Conditions, if only, which gove rise to in immediate louise (o), storing the under- lying couse lost  ATTENDING  ALL ALL ARL  ALL ARL  ATTENDING  ATTENDING  ATTENDING  PART I ORTHANDERLYING  DUE TO  AND OF EARTH ENTRY HOME  DIVING THE ARCHAND ARL  ATTENDING	Balto	De COUNTY De TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville  d. NAME OF DEATH (If not in happrol, give street oddress) OR INSTITUTION  CATONS VILLE  MILITAM  MILITON  MILITAM  MILITON  EARBCKSON, M. Deechwood  AVE.  CALORY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catons ville  d. STREET ADDRESS  4. DATE OF DEATH  CATONS VILLE  CATONS VILLE  CATONS VILLE  CATONS VILLE  A. DATE OF DEATH  If not in happrol, give street oddress) OR INSTITUTION  SEX  (a. COIGN OR RACE  MILITAM  MILITON  EARBCKSON, M. D.  SEX  (b. COIGN OR RACE  MILITAM  MILITON  EARBCKSON, M. D.  ADATE OF DEATH  PARE  (a. COIGN OR RACE  MILITAM  MILITON  EARBCKSON, M. D.  ADATE  OF DEATH  SEX  (b. COIGN OR RACE  MILITAM  MILITON  EARBCKSON, M. D.  ADATE  OF DEATH  PARE  (a. COIGN OR RACE  MILITAM  MILITON  EARBCKSON, M. D.  ADATE  OF DEATH  IN DATE OF DEATH  ADATE  OF DEATH  IN DATE  OF DEATH  AND MILITAM  MILITON  EARBCKSON, M. D.  ADATE  OF DEATH  IN DATE  OF DEATH  IN DATE  OF DEATH  IN DATE  OF COMMISSION  AND DECREASED  IN DATE OF DEATH  IN DATE  OF COMMISSION  AND DECREASED  IN DATE OF DEATH  IN DATE  OF CONTRIBUTION  CONTRIBUTION  AND DECREASED  DUE TO  DUE TO  DUE TO  JOHN DECREASED  JOHN DECREASED  AND DECREASED  DUE TO  JOHN DECREASED  JOHN DECREASED  AND DECREASED  LOCATION (City, to Town)  Today, tired, effice bidg, etc.)  JOHN DECREASED  JOHN DECREASED  JOHN DECREASED  JOHN DECREASED  JOHN DECREASED  LOCATION (City, to Town)  JOHN DECREASED  JOHN DECREASED  JOHN DECREASED  LOCATION (City, to Town)  JOHN DECREASED  JOHN DECREASED  LOCATION (City, to Town)  JOHN DECREASED  JOHN DECREASED  JOHN DECREASED  LOCATION (City, to Town)  JOHN DECREASED  JOHN DECRE	Balto	Balto



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A1S (4) 1SM M/59

rs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH - DIMISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ABOUR

2000	1	/ 6	- ()	CERII	FICA	IE OF DEA	IH			1199	94
1	PLACE OF DEATH					2. USUAL RESIDENCE	•	d lived. If institution b. COUNTY	on: Residenc	ce before adm	nission)
	BALTIN	ORE		MAR	YLAND	MARY	LAND		المرابع المراجعة		
	b CITY OR TOWN (If RURAL and give no	Foutside corporate limi	is, write	c. LENGTH OF STAT	Y IN 16	CITY OR TOWN	(If outside corpo	orote Simits, write R	URAL and g	jive nearest to	wn)
	FORT HO			189 DAY	S	BALT	IMORE				
-	d. NAME OF HOSPITA	AL (If not in hospital, g	jive street			d STREET ADDRES				e IS P	ESIDENCE
	OR INSTITUTION VETERA	NS ADMINIS	TRAT	ON HOSPIT	AL	1450	LANGFOR	D ROAD			A FARM?
3	NAME OF DECEASED	Fir	sř	M ad	e	Last	4. DATE OF	Mon	th	Doy	Year
	(Type or print)	ARTE	UR	R	. El	DEMILLER	DEATH	JUL	Y	1	19 60
S	SEX	6 COLOR OR RACE	7 MARR	HED NEVER MARK	RIED 🗍	B. DATE OF BIRTH	,	9 AGE (In years lost birthday)	IF UNDER	TYEAR IF UN	7.
	Male	Thita	WIDOWI	DIVORC	ED 🗍	February 21	1898	62 yrs.	Months	Doys Hou	rs Min
100	USUAL OCCUPAT O	N (G ve kind of work	dane 10b.	KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPLACE (S	<u> </u>	country]	12 CITS	ZEN OF WHA	TCOUNTRY
		ing life, even if retired			Anal	Tret Donner	rlwania			U.S.	Δ.
13	GLerk FATHER'S NAME		POI	15 bructton	Wiler	Lyst Penns				0 80	27.0
r											
		demiller	and la				e Snyder				
		R IN U.S. ARMED FOR If yes, give war or dates of s	erv ce)			IFORMANT		Add			
L	Yes	I-WLI	2	13 28 11	6'(Cl	inical Rec.	VAH, Bal	to 18, Md.	. Ft.	Howard	l Div.
	18 CAUSE OF DEA	TH [Enter only one co	use per lu	ne for (0), (b), and (c	]					NTERVAL ONSET AN	BETWEEN
	PART I DEA	TH WAS CAUSED BY	, EDI	EMA OF THE	LUNC	S				UNKI	
	1 4 4	CRUENTS			2000					V-3-4-2-2	7 40 8 8 4 4
	Land 1		40.70.0	A CEDEDDAT	Thirty	ARCTION RIG	Thu .			IINKT	NJWN
	Conditions, if or		) OLI	O CEMEDIAL	1 111111	ANGLEON ICLO.	111			014221	
	cause (a), stating		-							TINTE	T 77 72 7
_	lying couse lost	) (c				ED_ARTERLOS					A-MN
CATION	PART II OTH	IER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDIT ON G V	EN IN PART	PER	IS AUTOPS! FORMED?
Œ	200 ACCIDENT WA	S INDERIVING IT	20h DES	CDIRE HOW INTERP	OCCUPER.	D (Enter noture of injur	w.n. Part Lar Pa	et II of item 18.1		163,	E NO L
CERT	OR CONTRIBUTING	S JNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	200 0:3	CKIBL FICH HAJORT	OCCORRE	D (Enter notione of miles	y III 2011 1 01 1 0	11 11 02 1160 10 1			
MEDICAL		Y Month, Doy, Ye	ar 20d. I	NJURY OCCURRED		ACE OF INJURY (Home,		y or town)	(0	County)	(Stot
(ED)	Hour o.m.	19	While of wor	Not while	lo	tory, street, office bldg.	, etc.)				
2	p, m,						70	- 7 7	/0		
						cember 14.				, that 💥	
	saw the deceas	ed alive an. Ju]	y_1_	19.60 r and	d that c	leath accurred at	L:5 MpMom	the causes an	d on the		
	220. SIGNATURE		12/1	7/		ATTENDING	MED	STAFF	_ ,	1.0	22b DATE S GNE
	6 na	was 6	SCI	in.		M D PHYS	DIRECTOR [		7/:	1/60	
	22c PHYSICIAN'S NAME (Type)					22d ADDRESS					
		HARIES ALLE	EN_M	.D.		VAH. B	ALTO. M	DFT HO	JARD I	DIVIST	ON
23	BJR AL, CREMAT O			23c NAME OF CE	METERY O	R CREMATORY	23d LOCA	TION (City, town,	or county)	(\$	itote)
	REMOVAL (Specify)	July 4	/60	Alleghens	Mem.	orial Cemet		ttsburgh.		svlvan	i.a
24	FUNERAL DIRECTOR		,	ADDRESS	1.011		REC'D BY REGIS		STRAR'S SIG		
							[H] #	100			
	ditaka Fun	mal Din	101	Edmondson	AVIO	Balto MI DATE			ireling	8 thouse	



7679 CERTIFICATE OF DEATH director I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND 1moRt b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUSAIT and give nearest town) Arbutus d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P puo NAME OF First Middle tast 4. DATE Year Month Day DECEASED 60 Pages (Type or print) 00 DEATH 19 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED THEYER MARRIED 8 DATE OF BIRTH 9. AGE (In years last birthday) Meanths Davs Min. WIDOWED [7] DIVORCED [7] papers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) e PonAn after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ò DOVE haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address RALTO\_ MD enling | 72 FLDON GIREFAL CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: DUE TO any Conditions, if any, which gave rise to immediate per DUE TO catse (a), slating the underpuo lying cause last. burial-transit (c) CATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) ń 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (State) (County) factory, street, affice bldg., etc.) Hour a. m. While Not while 19 of work at work D 70 1940 that I last saw the deceased 21. I certify that I attended the deceased from alive on and that death occurred at \_\_// M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIREC ploods PHYSICIAN'S NAME (Type) NUMER ന 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) page REMOVAL (Specify) 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE Ireland of Trinica VS A15 (4) DATE 15M 9/55

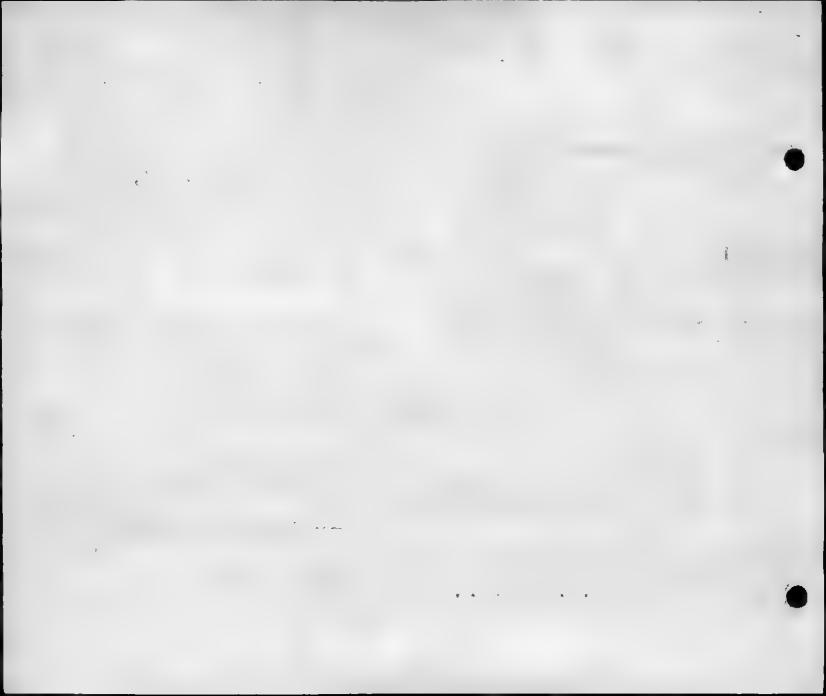
that

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11/60 1Wk. Item 9 G-67 +i+m 1. PLACE OF DEATH I tem 18, Film G-267 7/27/60. is necessary, director, Page a. COUNTY a. STATE b. COUNTY Raltimore Marvland Baltimore illes. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest tolding c. CITY OR TOWN (If outside corporate limits, write RURAL and giving erest town) director. your I d STREET ADDRESS Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 3 to the funeral retained he State B Tanglewood Road Tanglewood Road YES NO 3. NAME OF AlbhiM DATE Month & Day DECEASED the (Type or print) DEATH KENNETH EVANS 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED with 5. SEX 8. DATE OF BIRTH AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS 2 with last b'rthday) and 2 wil 2, and Months, Days Hours DIVORCED Mala WIDOWED [ Yrs. 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 3 done during most of working I fa, even if retired) Give Pages ALES MAN DUNLIAN J Within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F1 0 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [If yes give were dates of service CAUSE OF DEATH [Entar only one cause per I no for (e), (b), and (c) INTERVAL BETWEEN I-transit p ONSET AND DEATH I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease. in pencil IMMEDIATE CAUSE (a) Office DUE TO burial certificate should Conditions, if eny, which (b) gave rise to immediate cause 60 DUE TO (a), stating the underlying Examiner 98 cause lest, nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY PERFORMED? 8 cremati the word CERTIFICAT NO Medical pluods 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Entar neture of injury in Part II or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. sase execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s Chief age 3 Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) p 2 20c. TIME OF INJURY (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the L. DIRECTOR: Parent prior to the prior of the prior o at work et work 21. I certify that I took charge of the remains described above, held an Aulopsy hr Inspection and in my opinion Suicide Undetermined manner death resulted from: Natural causes\_ Accident Homicide CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S V./Lovitt, NAME (Typa) Address (Streat, city, lown, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) E A (State) REMOVAL (Spec fy) O H ₹0 ä 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 5M 7/59 Colleg & King

ARYLAND STATE DEPARTMENT OF HEALTH



TO HO

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

ODIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07697

	1 P	LACE OF DEATH			2 USUAL RESIDENCE	(Where deceased	lived. If institution	on: Residence	before admi	ision)
		Baltimore		MARYLAND	Maryl	.and	D. COO!!!!			
	ŧ	CITY OR TOWN (If outside corporate limit RURAL and give negrest town)	c. CITY OR TOWN	(If outside corpor	ole limits write R	JRAL and gr	ve nearest low	m)		
		Fort Howard		55 Days	Balti	more		<u> </u>	- 1	
		I NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	jive street i	oddress)	d. STREET ADDRESS	5	3		e IS RE	SIDENCE A FARM?
1		Veterans Administr	ation	n_Hospital	829	Patapsc	o Avenue			NO
	3. I	NAME OF FIRE	rsi	Middle	Lost	4. DATE OF	Mon	th	Day	Year
	(	Type or print) HENR	Y	M.	FAGAN	DEATH	JU.		4	1960
	SS	EX 6 COLOR OR RACE	7 MARR	IEDE NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF JNE	Min.
		Male White	WIDOWE	DIVORCED [	October 30,	1899	60 yrs.	ANOTHIS L	Zuys Hours	Mill.
	10a	JSUAL OCCUPATION (Give kind of work during most of working life, even if retired	dane 10b	KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (SI	tote or foreign co	untry)	12 CITIZ	EN OF WHAT	COUNTRY?
		Watchman	4		Penn	sylvani	a		U.S.A.	
	13.	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
		Robert Fagan			Rebe	cca Jan	e Hainse	У		
1		WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT		Addi	ress		
)		Yes WWII	ervics]	209-01-5266	lin.Records.	Vet. Ad	mHosp Ba	I to.Md	. Ft.H	owa rdDi
		18. CAUSE OF DEATH [Enter only one co	use per lir				22,000		INTERVAL E	ETWEEN
	PART I. DEATH WAS CAUSED BY: TENDOS OF THE TENDOS								ONSET AN	
		Conditions f on , which ) 2. CARCINOMA OF THE PROSTATE WITH DETASTASTS TO 12 YEARS								
		gave rise to immediate	,	the state of the same of the s			TASTASTS	10	15 Ir	4110
		cause (a), stating the under-		BONE, LIVER A	ID KTGHA, TOM	J.				
	z	PART II. OTHER SIGNIFICANT CON		CONTRIBUTING TO DEATH B.	T NOT RELATED TO THE TE	RMINAL D SEASI	CONDITION GIV	EN IN PART	1(o) 19. WAS	AJTOPSY
	AT O								PERF	ORMED?
·	IFIC	20a ACCIDENT WAS UNDERLYING	20b DESC	CRIBE HOW INJURY OCCUR	FD (Enter nature of injury	in Part I or Part	I of item 1B )		7.50	1 110 [2]
	CERTIFICATION	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	8	20c. TME OF INJURY Month, Day, Ye	ar 20d. II		LACE OF INJURY (Home,		or town)	(Ci	ounty)	(Stole)
	MEDICAL	Hour o. m. p. m.	While of wor	Not while	actory, street, office bldg.,	etc.)				
	~				.1ay 10	1960 , 104	Worm 17/	-260	< Break	Va.
		21 I certify thatia (this hospital				/ /	Ar horter	-F. P.Vr.P.S.	2, CINCHARIA	(we) last
		saw the deceased alive an J111 22a. SIGNATURE A	¥-4	19.60 , and that	death occurred att	T: The Man	the causes on	d an the		2b. DATE
i		700	Λ !	Unser"	M D PHYS	MED.	STAFF TO	7	/4/60	SIGNED
L		22c PHYSICIAN'S		100000000000000000000000000000000000000	22d. ADDRESS	DIRECTOR	FHTS IO		/4/00	
		NAME (Type) PHILTP J JENS!	יאר זארים	. D		תי חחי	FT HOMA	טדת מט	ISION	
	230	BUR AL, CREMATION 23b. DATE THEREO		23c NAME OF CEMETERY			ON (City, town,		(\$1)	-tal
	230	REMOVAL (Specify)	_	Grandview				, ,		116)
	24	Hemoval / -0-0		ADDRESS		REC'D BY REG ST	toona, Pe			
			000 TT			1011 8	60 25 60	STRARS SIG	Trails	
	VM	-Cook Blicht Inc. 60	JUY Ha	ariora Rd. Ha.	DATE DATE	5				

Harris



OR ATTEMBING MINICIAN: The law requires that the death certificate be executed within 2;

TO HOS

VS A15 (4) 15M 10/57

rs after death. Page 4

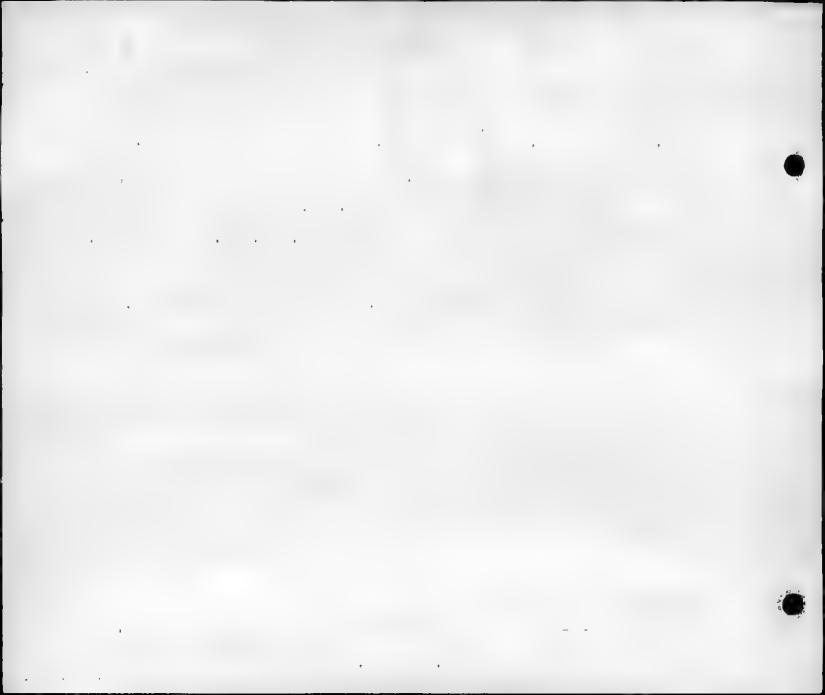
X	100
1	
	10.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7729

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 98

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
B CITY OR TOWN [If outside corporate limits, write RURAL and sine project town]	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d NAME OF HOSPITAL (If not in hospitol, give street oddress) Res. Eastern Ave. & Birdwood Rds	Box 50 Rt 14, 20, Md. SRESIDENCE ON A FARM? YES NO A
J NAME OF DECEASED (Type or print) Carrie R.	Fickus 4. DATE Month 28, Doy Year 60 Pearth July 28, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED KX DIVORCED	B. DATE OF BIRTH Feb. 26, 1876  9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Days   Hours   Mint
100. USUAL OCCUPATION (Give kind of work done during months worked with one if retired)	Balto. Co. Md. 12. CITIZEN OF WHAT COUNTRY?
William Koester	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	nformant s. Julia Debelius Eastern & Birdwood R
Conditions, if day, which gove rise to immediate cause (a), stating the under-lying cause lost.    Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT REJATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH  OR CONTRIBUTING OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO C
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) clory, street, affice bidg., etc.)
21. I certify that I attended the deceased from 1 12 5 on and that death actual signature	n occurred of A.M. fram the couses and on the date stated above.  ADDRESS [Street, city or. town, state)  M.D. D. L. S. L.
PHYSICIAN'S REMATION, 226 DATE THEREOF BETTY ORK LAWN	DR CREMATORY  22d. LOCATION (City. town, or county)  Eastern Ave. Md.  (Stole)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  John J. Duda 7922 Wise Ave. 22. I	Md . DATE AUG 2 '60 Orthur & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



7	1
(	
Ž.	1
hours after death.	
72 hours	1

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH	Reg. Dist. No. 70
----------------------	-------------------

								Keg. Dis	A1. 140.	
1 PLACE OF DEATH a COUNTY	Daltimana		MAP	YLAND	. USUAL RESIDENCE (W		d fived If inst	NTY _		
	Baltimore				Maryl				ltimo	
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest tawn)	ts, write	c. LENGTH OF STAY	IN 16	CITY OR TOWN (IF	outside carp	prote limits, wri	ite RURAL and g	give neare	st town)
(Rural)	Ellicott Ci	ty	65 yrs.		(Run	al) F	llicoti	t City		
d NAME OF HOSE OR INSTITUTION	PITAL (If not in hospilal, g	ive street	address)		d. STREET ADDRESS				e.	IS RESIDENCE
OK INSTITUTION	River R	oad			<u> </u>	River	Road	_		YES NO A
3 NAME OF DECEASED	Fis	st	Middle	e	Last	4. DATE		Month	Day	Year
(Type or print)	FRANCI	S JO	SEPH FISH	HER		OF DEATH	1	July 41	th	1960
5 SEX	6. COLOR OR RACE	7. MARR	IEDAN NEVER MARRI		DATE OF BIRTH		9. AGE (In ye	ears IF UNDER		F UNDER 24 HRS.
Male	White	WIDOWE	DIVORCE	ED 🗆 A	ug. 14, 189	4	lost birthide	yrs. Months	Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b	KIND OF BUSINESS (	OR INDUSTR	Y 11. BIRTHPLACE (Stot	e or foreign o	country)	12. CITI	ZEN OF V	VHAT COUNTRY?
Bark	orking life, even if retired	)	Self Empl	herro I	Marvla	nd		Т	u. s.	Δ
13 FATHER'S NAME	702	-	DULL LINDS	_ M	14. MOTHER'S MAIDEN				0. 0.	44.0
Fi	ank A. Fish	er			Marv	M. Mi	ller			
15 WAS DECEASED EV	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	D. INF	DRMANT			Address		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice) 21	3-34-3025	Mrs.	Mary E. Fi	sher F	River Ro	i Ellic	cott	City. Mc
IB. CAUSE OF D	EATH Enter only one co	use per lir	ne for (o), (b), and (c)						INTER	VAL BETWEEN
PART - DI	EATH WAS CAUSED BY	Ca	cinoma	F.	unders of	5/ 000			ONSET	TAND DEATH
	IMMEDIATE CAUSE (d	-	wary wie	- 120	conces of	110000			- 0	monce
	DUE TO				•					
Conditions, if		1								
couse (a), stotin		•								
lying couse los	t. ) (c	]								
PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERA	AINAL DISEAS	E CONDITION	GIVEN IN PART	T 1(a) 19	WAS AUTOPSY PERFORMED?
Z Z									1	TES NO X
20a. ACCIDENT V	VAS UNDERLYING  IG CAUSE OF DEATH	20Ь. DESC	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of injury in	Part I or Po	rt II of item 1B.	.)		
O IN LINEX, NOM	Y MEDICAL EXAMINER)									
20c. TIME OF INJU	JRY Month, Day, Ye		NJURY OCCURRED	20e. PLACI	E OF INJURY (Hame, for ry, street, affice bldg., et	m, 20f. (Cit	y ar lown)	(0	County)	(Stote)
NOUT D. M	10	While at worl	Not while	100101	y, arrow, arroc brog., ar					
21 Lengtifu	that I attended the	docoos	ad from 12.	- /		7- 1	4 10	600-110		4h
			/		4 115					the deceased
olive on		,  \%(	QQ, and that	deoth a	ccurred at_/		the couses treet, city or to		dote s	stoted abave. DATE SIGNED
ACTUAL		SO 1/2	2 + 1		116 1			wn, statej		DATE SIGNED
SIGNATURE	Liony-e	(b	nerglosh	M.I	0. 42 0	4 URC	# >/		/	-6-60
PHYSICIAN'S NAME (Type)	FOORGE	E	BURG	TORF	MY ELLIC	UTT (	0174 /	1d.		
220 BURIAL, CREMAT	ON, 226. DATE THEREO	)F	22c. NAME OF CEM	ETERY OR C	REMATORY	22d 10CA	TION (City, ta	wn, or county)		(State)
REMOVAL (Specif		7060			emetery		hester			·
23. FUNERAL DIRECTO		7,700	ADDRESS	. y . 9 U		'D BY REGIS		REGISTRAR'S SIC	GNATURE	
FAR	tion day	211	Catonsvill	le. Md						
1000e	10/0/10/1		Od OOHO VILL	TO 2 T.W.	DATE	1111 7	60	arthur 8.	Three	a.



V5 A15 (4) 1SM 9/58

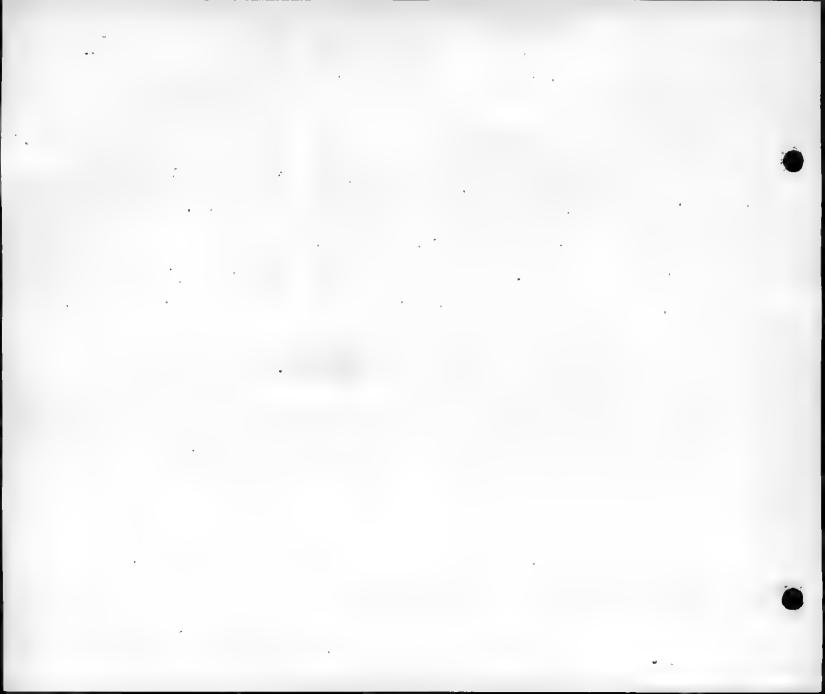
4.	red	'		
		81		
1			i i	,
eq	-	_	gard.	1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7731

**CERTIFICATE OF DEATH** 

()7701 Reg. Dist. No.

I. PLACE OF DEATH  a. COUNTY  BALTIMORIE  MARYLAN	2. USUAL RESIDENCE (Where deceased lived If institutian: Residence before admission)  o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	The c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
ROSEDALE LIFE	* ROSEDALE.
d. NAME OF HOSPITAL (If not in hospital, give street address)	STREET ADDRESS e. IS RESIDENCE
GS34 CORKEY AVE.	6534 CORKLET AVE YES NO DY
3 NAME OF First Middle	
DECEASED (Type or print)  VAINES RICHARD	Last 4. DATE Month Day Year OF DEATH JOLY 260 1960
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	
MALE WHITE WIDOWED DIVORCED	Dov 14 1911 48 ms.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
DELIVERY MAN. HUTZLER	S. MARYLAND USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Fisher	Rose Marie Diagens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service 215-67-2672	Donothy Fisher 6534 Cokkley Ave
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (p), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: BLACKE (	ma and Death
DUE TO	
Canditions if any which	- LANAMA
gave rise to immediate	VALUE OF THE PROPERTY OF THE P
couse (o), stating the under-	
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED?
<u> </u>	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part 1 or Part 11 of item 18 )
	PLACE OF INJURY (Hame, Form, 20f (City or town) (County) (State)
Hour o. m. While Not while of work of work	factory, street, office bldg, etc.)
(1)	2 10 60 to the 10 10 10 that I last saw the deceased
TAIL I CETHINATION I UNICHUCU IIIC UCCCUMO DIGILI ME TAATE	
alive on July 24 , is (all , and hat de	ath accurred at 2:00 AM, from the causes and on the date stated above.
West of land in a	APPREST Street, city or town stole) DATE SIGNED
SIGNATURE A MALL A EUCH M.C.	M.D. 1019 Muraan pua Road.
allocation	
PHYSICIAN'S NAME (Type)	
220. BURIA., CREMATION 226 DATE THEREOF 22c NAME OF CEMETER	Y OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
BORIAL JULY 29,1900 HOLY RE	DEKMER BALTO SITY MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
2 0 = 04 DA DA DA	D DAT, 111 27'60
Joseph Newlar frome 1401 Dela	RUKO 6. DATE DE 21 00 Cily & to



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission) e. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN I'V outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give peocest town) timore 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4. IS RESIDENCE ON A FARM? 4303 sher Road Lenmore YES INO IN NAME OF Middle DECEASED OF DEATH 1000 (Type or print) tlemina Bauard 5. SEX 9. AGE (In years 6. COLOR OF RACE 7. MARRIED DE NEVER MARRIED 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. last berthday) male WIDOWED IT DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Delaware arker 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give same INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 64 V IMMEDIATE CAUSE (o) olang with far burial-transit DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17, WAS AUTOPS CERTIFICATION PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc. Not while o. m. of work of work p. m. 21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry . to the Chief / death resulted from: Natural causes Accident , Suicide . Homicide , Undetermined cause MATERIAL SHAPE ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER arwarded EXAMINER'S DEPUTY MEDICAL EXAMINER \$7 NAME (Type) 220. BURIAL CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 Parkwood emeteru 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hartord Road DATE JUL 21 '60 arthur S. Frank

VS. ATSME(S) 5M 9/55



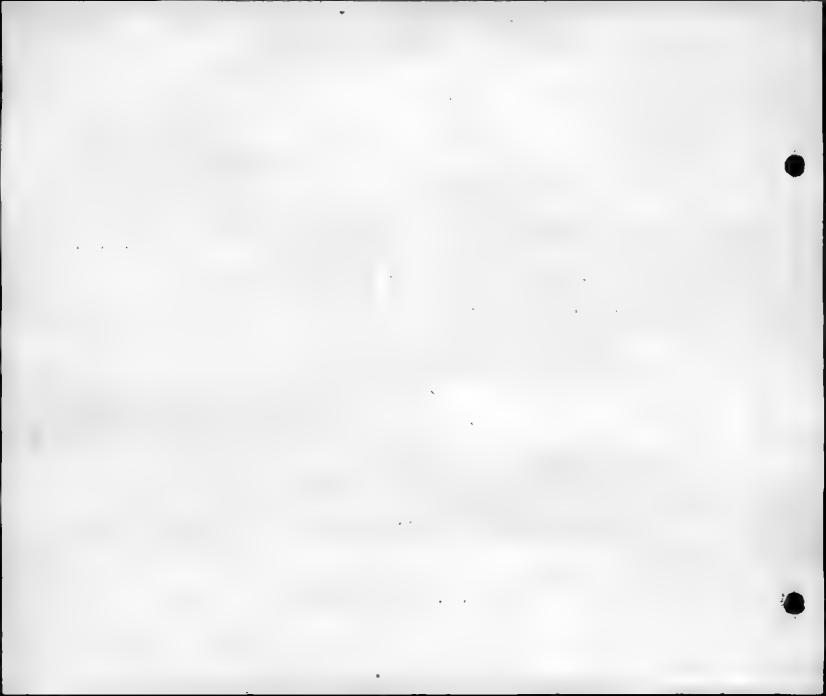
VS A15 (4) 1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7732

**CERTIFICATE OF DEATH** 

07703 Reg. Dist. No.

	PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	8yr4mth28dys	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Baltimore					
¥	d NAME OF HOSP TAL (IF not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOS	oddress) SP IT AL	d. street address 3378 North Avenue					
4	3. NAME OF First Charles	Middle Edward Inthony	Foley	4. DATE Month OF July	Day Yeor 5 19 60			
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED X	B. DATE OF BIRTH Dec. 17, 191	lost_birthday) Months	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.			
)	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  Laborer	KIND OF BUSINESS OR INDU		or foreign country) 12. C	J. S. A.			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N					
	Patrick G. Foley			ine Schrota				
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 [Yes. no or unknown] [(If yes. give wor or dotal pf serves] 110th fld. art. 1934?		ords: SPRING	GROVE STATE HO	OS PITAL			
	18. CAUSE OF DEATH [Enter only one couse per II PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost.  C PART II. OTHER SIGNIFICANT CONDITIONS	Myocardial Cardiovascu	lar disca <b>se</b>	NAL DISEASE CONDITION GIVEN IN PA	INTERVAL BETWEEN ONSET AND DEATH  ART 1(0) 19 WAS AUTOPSY PERFORMED?			
	OR CONTRIBUTING LI CAUSE OF DEATH	Not while foo	(Enter nature of injury in P. ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	YES NO (County) (State)			
	21. I certify that I attended the decearative an July 5 196	sed from Feb. 7	occurred at 6:30	SM, from the causes and an ADDRESS (Street, city or town, state)  ROVE STATE HUSP]	DATE SIGNED			
	PHTSICIAN'S NAME (Type) Stella Wachsles  220 SURIAL CREMATION. 226 DATE/THEREOF MEMOVAL (Specify) THE CZ  23. FUNERAL DIRECTOR'S SIGNATURE  TAKELF HERAL	272c NAME OF CEMETERY OF CARMETERY OF CAMETERY OF CAME	R CREMATORY	le 28, Pary Land  22d LOCATION (City, fown or county)  320 OCA 341  BY REGISTRAR 24b REGISTRARS S  1 4 by	General PCK SIGNATURE			



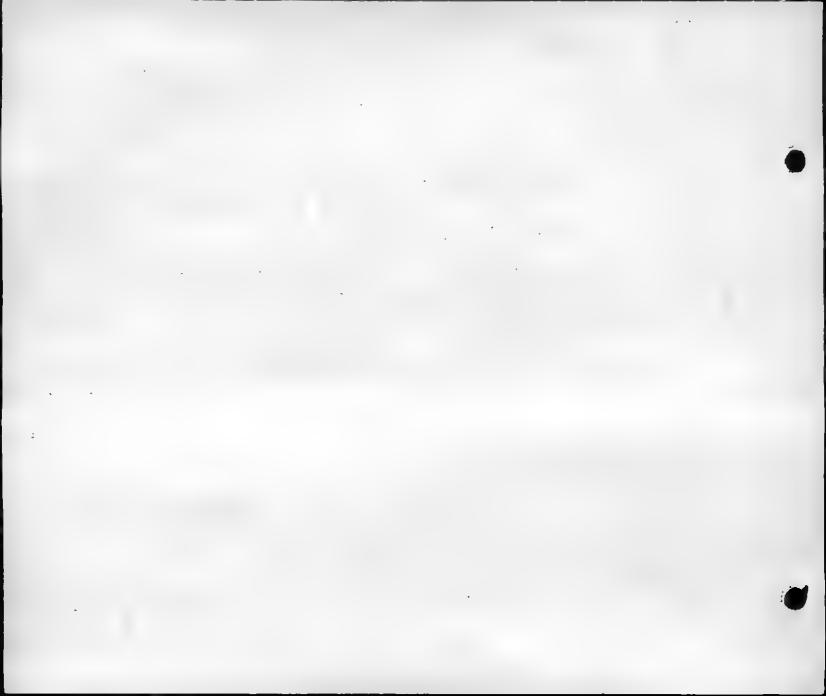
VR A1S (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

OPMOA

		7680		CERTIFIC	ATE OF DEAT	TH	U.4	104
	1. PLACE OF DEATH	Balto.		MARYLANI	o STATE		If institution: Residence b	efare admission)
	RURAL and give	N (If outside carporate !)	mits, write c LE	ENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corporate lin	nits write RURAL and give	nearest town)
	d NAME OF HOS OR INSTITUTIO	PITAL (if not in hospital	give street addres	ns) aw	d STREET ADDRES	Wilk	Eins au	e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print)	656	ean	Middle	Fal	4. DATE OF DEATH	July 1'	Doy Year 7 1960
	Jemale Temale	6 COLOR OR RAC	F 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		(In years IF UNDER 1 YE Months Doy	FAR IF UNDER 24 HRS ys Hours Min
	100 USUAL OCCUPA Justing mast of w	TON (Give kind of working the fiven if pelitr	tk done 10b, KIND ed) Ome	of Business OR IN	11. BIJ HPLACE IS	rote or foreign country)	12. CITIZEN	S, Q
	13. FATHER'S NAME	7.W. 70	ex.		14. MOTHER'S MAID	en NAME	tkins	
	15 WAS DECEASEDE (Yes no. or waknown,	(If yes, give wor or dates of		-0194-00	rs: David	plegre	Address 14-	elcono Cu
E		DEATH [Enter only one		(o), (b), and (c).]		-	l C	NTERVAL BETWEEN
	Conditions if gave rise to couse (a) statu	immediate (	(a) Ch.	Yaloul	ar heart	direar		3 yrs.
	lying couse los		(c) W	dio:	Selevani	<b>3</b>		10 gm.
	PART II C	OTHER S GN.FICANT CO	ONDITIONS <u>CONTE</u>	RIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PART 1(d	PERFORMED?
		WAS UNDERLYING [] NG [] CAUSE OF DEAT IFY MEDICAL EXAMINES	HI	HOW INJURY OCCUI	RRED (Enter nature of injur	y in Part I or Part II af i	tem 18 )	
	ZOC. TIME OF INJ	10	While !	OCCURRED 20e. Nat while at work	PLACE OF INJURY (Home, factory, street, office bldg.	farm, 20f (City or tow	(Cour	(State)
ŗ	1 1	that (I) (this haspi	a lattended t	. of - A	n. 1950- t death accurred of	P.M. from the o	auses and an the do	that (I) (we) last
	220 SIGNATURE	Les Cell	Well	ø .	M.D. ATTENDING PHYS	MED STA		22b DATE SIGNED
	22c P 110 24	O.E.W	ELLS	5, /	22d ADDRESS C 4100	Lenond	Esouleve.	-/ Julis 20
	230 BURNAL, CREMA READVA (Spec	7/26	160 23d	Arrai	NO CREMATORY	23d (OOAT ON (	City, town, or county)	Med
	24 EUDIERAL DIRECTO	OR'S SIGNATURE	101 Gd	ADDRESS ANDRESS	en are	JIII 21 '60	256 REGISTRAR'S SIGNA Carillan S. H.	



VS A15 (4) 15M 9/SB

341219

23. FUNERAL DIRECTOR'S SIGNATURE

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
	7733 CERTI	FICATE OF DEATH	Reg. Dist. (N.Z. 705							
·	1391701	CLAND a. STATE	deceased lived. If institution: Residence before admission) b. COUNTY 3 1 to .							
	o. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  N. CALL CLVC TO.  I. NAME OF HOSPITAL (If not in haspital, give street address)	i Miadle Ri	e carporate limits, write RURAL and give nearest tawn)							
	OR INSTITUTION R+ 16 Box 49 Balto, 20	RL 16 Box 49	Balto, 20 e. IS RESIDENCE ON A FARM? YES NO IN							
1	NAME OF First Middle Type ar print) Ruba N. Fr	Rank Lost 4.	DEATH JULY 25 1960							
5. 5	EMALE WHO DIVORCE		9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)   Months   Days   Hours   Min							
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PR INDUSTRY 11. BIRTHPLACE (State or to	C. Md, 12. CITIZEN OF WHAT COUNTRY?							
13.	FATHER'S NAME	A LICE	Strong.							
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10. OF ORCES? 16. ORCES? 16. SOCIAL SECURITY NO. 10. OF ORCES? 16. SOCIAL SECURITY NO. 10. OF ORCES? 16. O	). INFORMANT	ank R+16 Box 49 Batto 2							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	2) 2000	INTERVAL BETWEEN ONSET AND DEATH							
	Conditions, if ony, which ) (b) A S H	D + Col	1 Vilytingland							
	gave rise to immediate cause (a), stating the <u>under-</u> lying cause last.  (b)  DUE TO									
CERT.F.CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH, BUT NOT RELATED TO THE TERMINAL	D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P							
	20s. ACC DENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Part	or Port II of item 18 }							
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at work □ at wark □	20e P.ACE OF INJURY (Hame, farm, 2 factory, street, affice bldg., etc.)	Of. (City or town) (County) (State)							
	21. I certify that attended the deceased from		425, 1969 that I last saw the deceased							
	ACTUAL TO HEAT TO NO		from the causes and an the date stated above. RESS (Street, city ar rown, state) DATE SIGNED							
	PHYSICIAN'S ROLL FOR JA LYOF	· N M.)	and the standard							

PHYSK NAME 22a BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY elain Memoria 64

22d. LOCATION (City, tawn, or county) em

24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

ADDRESS 7401

JUL 2 7 '60

Julian S. House

(State)



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02208

	LACE OF DEATH	Ltimore		MARYL	AND	2 USUAL RESIDENCE (Who o. STATE	b. CC	nstitution Residence OUNTY	before admiss an]	
ь	CITY OR TOWN (IF	autside corporate lum	ts, write	c LENGTH OF STAY I	N 1b	c CITY OR TOWN (If a		wr te RURAL and gi	ve nearest tawn)	
	RURAL and give net	sville		2mth8dys		Baltimore EVO				
0	. NAME OF HOSPITA	L (If not in haspital, g	jive street a			d. STREET ADDRESS			a IS RESIDENCE	
5	OR INSTITUTION SPRING GRO	OVE STATE	HOST	PITAL		606 Brook	wood Road		YES NO	
3 N	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Manth	Day Year	
	Type or print)	Louisa		M.	F	riese	DEATH	July 23.	1960 19	
5 5	ЕX	6 COLOR OR RACE	7. MARRII	ED NEVER MARRIE	B	DATE OF BIRTH	9 AGE (In last birth		YEAR IF UNDER 24 HRS	
	female	white	WIDOWE	DIVORCED		1877 July	3, 83		Days Haurs Min.	
10a	USUAL OCCUPATIO	N (Give kind af warking life, even if retired	dane 10b K	IND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE (State	ar fareign country)	12 CITIZ	EN OF WHAT COUNTRY?	
	nousw	ork	, ,			Unknown		U.	S. A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
	Unknown	1				Unknown				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17, INI	ORMANT		Address		
	iknown	r yes, give war or eales or :		nknown	Rec	ords: SPRIN	G GROVE S	TATE HOS	SPITAL	
		TH [Enter anty and co	use per line	far (a), (b), and (c).]					INTERVAL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY:		ongestive		+ Ca47			WOOKS	
	81.00	DUE TO		orrage or real	10 91	P. TSTTITA			#44V2	
	Conditions, il an	y, Which ) (b	. A.	who who mad as		cardiovascu	law ddaaaa			
	gave rise to in	mediate (		L 031 103CIB.		Cardiovescu	Tat. CT26526		Joann	
	cause (a), stating t	ne under-		eneralized	art	eriosclerosis			years	
Z	PART (1 OTH					NOT RELATED TO THE TERMI		ON GIVEN IN PART	1(a) 19. WAS AUTOPSY	
Ĭ.									PERFORMED? YES NO DO	
CERTIFICATION	20a ACCIDENT WA	S UNDERLYING []	20b DESC	RIBE HOW INJURY OF	CURRED	. (Enter nature of injury in F	art I ar Part II of item	1B.)		
CER	OR CONTRIBUTING	☐ CAUSE OF DEATH MEDICAL EXAMINER]								
SAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm,	20f (City or town)	(C:	ounty) (State)	
MEDICAL	Hour a.m,	19	While of work	Nat while	fact	ary, street, affice bldg., etc.	)			
2	p. m.		OI WOLK							
				1.1		Marz 72	50 7-2-0	30 /	O 4	
						May 13 100	_			
	saw the decease	t (I) (this haspita				May 13 100 eath accurred at 11.4	_		date stated above.	
	saw the decease				that de	ATTENDING ME	M, fram the caus			
	saw the decease 22a SIGNATURE 22c. PHYSICIAN'S		uly 2: Y. F		that de	A.D. ATTENDING MEPHYS. DI	M, fram the cause STAFF PHYS 1	es and an the	date stated above.  22b DATE SIGNED 1966 HOSPITAL	
230	saw the decease 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Lietta LORETTA	uly 2: 4. F Y. 7	3-1960, and - Hau F. HSU	that de	A.D. ATTENDING MEPHYS. DIII	M, fram the cause  PHYS 1  RING GROV  tonsville	es and an the  E STATE  28 - Marie	date stated above.  22b DATE SIGNED SIGNED HOSPITAL	
_	saw the decease 22a SIGNATURE 22c. PHYSICIAN'S	Lietta LORETTA	uly 2: Y. 7 Y. 7	3-1960, and	that de	A.D. ATTENDING MEPHYS. DIII  22d. ADDRESS SI  CREMATORY	M, fram the cause STAFF PHYS 1	es and an the  E STATE 28 March town, or county)	date stated above.  22b DATE SIGNED 1966 HOSPITAL	
Bı	saw the decease 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)  BJRIAL, CREMAT OI REMOVAL (Spec fy)	LORETTA  23b DATE THEREO 7/26/60 5 SIGNATURE	uly 2: Y. 7 Y. 7	3-1960, and  HSU  Baltimo:  ADDRESS	that de	ATTENDING MEPHYS. DITENDING MEPHYS. DITENDING MEPHYS. SI	M, from the cause  RECTOR   STAFF PHYS    PRING GROV  Atomsville  234 LOCATION (C.ty.)  Baltimore	es and an the  E STATE 28 March town, or county)	date stated above.  22b DATE SIGNED SIGNED HOSPITAL  (State)  NATURE	

Balt

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7688 rs after death. Page-

**CERTIFICATE OF DEATH** 

12207

					Hogi telale it	
1 PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	o. STATE /// /	nere deceased lived. If institu b. COJNT	v // / / /	efore admission)
b. CITY OR TOWN RURAL and give		c LENGTH OF STAY IN 16		outside corporate limits, write	RURAL ond give r	nearest town)
d. NAME OF HOSE OR INSTITUTION	TITAL (If not in hospital, give street	oddress) pa Road	d. STREET ADDRESS.	Joppa Rd.		e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Rosie	Middle Lee	Fuller	4. DATE MC OF DEATH Jul	4 4	Day Year 19 60
s sex female	6. COLOR OR RACE 7. MAR WIDOW	ED 💆 DIVORCED 🗍	9-16-1875	9 AGE (In year lost birthday)	Months Day	
during most of we nousew	rking life, even if retired)	KIND OF BUSINESS OK INE	Marylan  14. MOTHER'S MAIDEN N	d	US	OF WHAT COUNTRY
	iam Henry Pen	n Dent	A .	Shanklin		
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Howard Fu	11	ame	
	EATH [Enter only one cause per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c)]	· heart o	Usexse	O'	NTERVAL BETWEEN NSET AND DEATH
Conditions, if		Told !	age.			
gove rise to couse (o), statin- lying cause lost	g the under: DUE TO					
NAT CAT	THER SIGNIFICANT COND TIONS				IVEN IN PART 1(0)	PERFORMED?
	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER	CRIBE HOW INJURY OCCUR	RED, (Enter noture of injury in	Port I ar Port II of item 18)		
ZOC. TIME OF INJU Hour o. m p. m	While	Not while	PLACE OF INJURY (Home farm factory, street, affice bldg., etc		(Count	ty) (Sfote
21. I certify alive an	that I attended the decea	sed fram. Le O_, and that dea	, 1940, to_	My the causes a		aw the decease ate stated above
ACTUAL SIGNATURE	Garolo A	Burna	M.D. 8106	Harfield (	Rd 7	7-6-66
PHYSICIAN'S NAME (Type)	Harold.	-H. Bur	-/VS ·	·		
220- BUR AL, CREMATI REMOVAL (Specif DUTLAL	7/7/1960	Hiss Met	or crematory hodist (em.	22d LOCATION (City, town Baltimore	MI	(State)
23. FUNERAL DIRECTO	1001	ADDRESS		100	SISTRAR'S SIGNAT	
Leonara	4. Ruck 5305	Hartond Ro	DATE JU	IL 4 L OV	round to and	

TO HOS.

OR ATTEMBLIG ENVIRONMENT: The law requires that the death certificate be executed within 2. In after death. Pagemay be retained by the hospital an attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

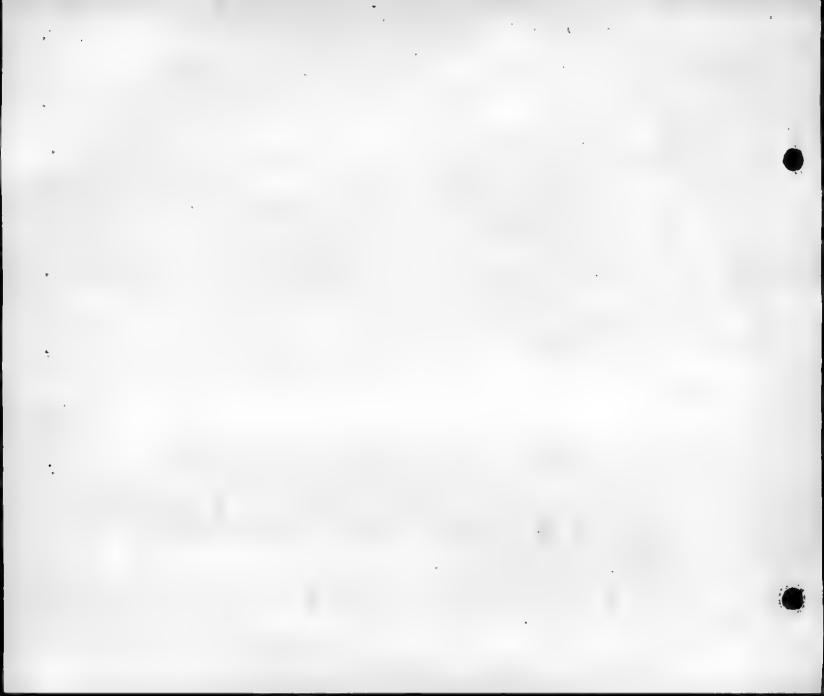
To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, ar removal, and in any event within 72 hours after death.



VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH CERTIFICATE OF DEATH

1	PLACE OF DEATH	MARYLAND	2 USUAL RESIDENCE (Whe	ere deceased lived If institution	n Residence before admission)
	BALTIMORE		10(())		
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	*	utside corporate limits, write RL	JRAL ond give necrest town)
$\vdash$	CATONSVILLE	60 YRS	CATONS	SVILLE	
	d NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION — — — — — — — — — — — — — — — — — — —		d STREET ADDRESS	grande and a second and a	o IS RESIDENCE ON A FARM?
_	J 806 EUMONI	DSON AUE	5806 A	EDMONDSOIX	AUE YES NO.
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Day Year
	(Type or print) 10-5A	E ( 6	ANTI	DEATH JUL	/ /3, 1960
S	SEX 6 COLOR OR RACE 7- MARRI	ED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost barthday)	Months Doys Hours Min
	F. WIDOWEI	DIVORCED .	JUNE 25, 18:	74 86 Yrs	Milita Boys (1001s Milit
10	USUA: OCCUPATION (Give kind of work done 10b k during most of/working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	H-W-	Oitt,	MD.		USA.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	THOMAS JUSTIC	E	SHRAM	1 RICHARZ	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. 19	NFORMANT	Addre	015
1	(if yes, give wer or eares or serve)				
	18 CAUSE OF DEATH   Enter only one couse per line	e (6r (a), b), and (c) ]			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	1 mino	nary Coz	yerten	ONSET AND DEATH
	JAMEDIATE CAUSE (o)	•		1	- 7
	Conditions is now which	Dung rain	me at in		60 14100
	gove rise to immediate	- 0000	77,10107		U no
	couse (o), stating the under-	11. 1. 1. 1. 1. 1.	un of i	Forume la	142
z	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN N PART I(a) 19 WAS AUTOPSY
CATION	The state of the s	SITTINGS INTO TO SETTING	0	THE DISERSE GOING FROM ONE	PERFORMED? YES NO V
-	200 ACCIDENT WAS UNDERLYING   20b DESC	RIBE HOW INJURY OCCURRE	D. (Enter polyre of injury in P.	Port I or Port II of Item 1B )	TES ROTT
CERTIF	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	Mar non mask occome	b (called Notice of Injury and	,	
		IJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	206 (City or town)	(County) (State)
WEDICAL	Hour o. m. While	Not while for	clory, street, office bldg., etc.	) [	(600117)
₹	p m 19 ot work	ot work	100	1 0	2 / 2
	21 I certify that (1) (this hospital) attende	ed the deceased fram.,	1700 19	to July 1:	3_, 19_6_0 that (1) (we) last
	saw the deceased alive an July	J_1960, and that a	death accurred at 95%	M, from the causes and	d on the date stated above.
	220 SIGNATURE	200	ATTENDING ME	ED STAFF	22b DATE SIGNED
	KR S EW	ella:	M.D. PHYS. DIR	RECTOR PHYS.	
	NAME (TYPE CFEO. F. W.F.	:116	22d ADDRESS	A commende	- au 12-00.
L	THEO.E. WE	445,	7100	-amonds	on up. race.
23	BURIAL CREMATION, 23b. DAJE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City, town, o	r county) (State)
	BURIAL 7/16/60	LOUDON PA	ARK	BALTO, M	D.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D	BY REGISTRAR 256 REGIS	TRAR S SIGNATURE
1	VITZKE FUN, DIR, 4/1	OI EDMOND.	SON AUE DATE UL	1004	1 44.



ADDRESS

e. IS RESIDENCE

Day

ON A FARM? YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO F

> > (Slate)

DATE SIGNED

(Stote)

(County)

24b REGISTRAR'S SIGNATURE

Chillian S. Krues

240, REC'D BY REGISTRAR

FUNEXAL page 10 VS A15 (4)

15M 10/57

23. SUNERAL DIRECTOR'S SIGNATURE



VS A1S (4) 1SM 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17737 CERTIFICATE OF DEATH

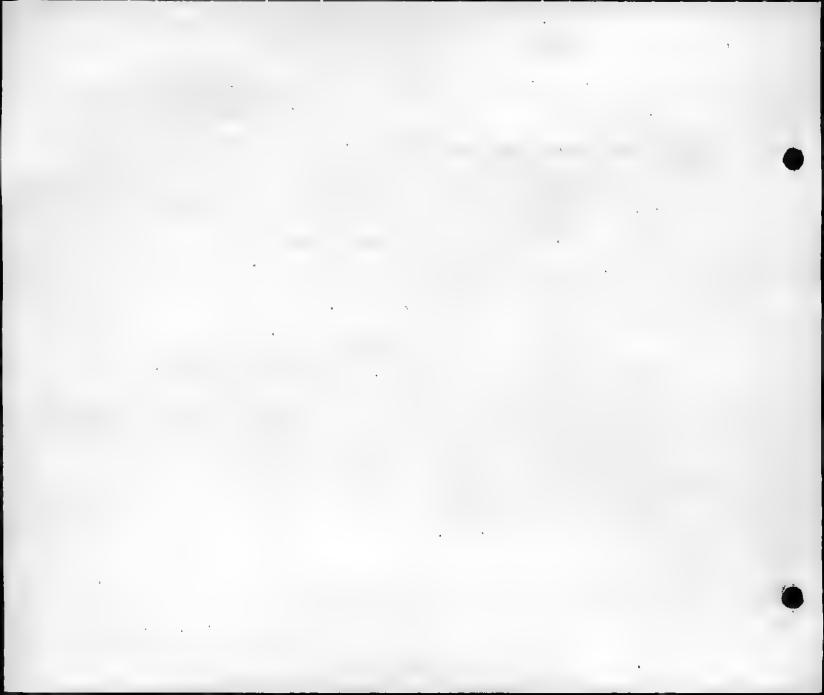
						Keg. Dist.	140.					
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	- STATE	CE (Where decease cyland	ed lived. If instituti b. COUNTY							
RURAL and give	(If outside corporate limits, w	rite c. LENGTH OF STAY IN 16	CITY OR TOW	V	orate timits, write R	g						
	PITAL (If not in hospital, give s	treet address)	d. STREET ADDR	RESS	ATO		e. IS RESIDENCE ON A FARM? YES NO X					
				7								
3 NAME OF DECEASED (Type or print)	First Augu	Middle 1st Gen	lost neinhardt	4. DATE OF DEATH	Mor	July	10, 19 60					
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		EAR IF UNDER 24 HRS.					
Male	1111200	DOWED DIVORCED	Nov. 3, 18	392	lost birthday) 67 yrs							
during most of wo	tON (Give kind of work dane orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or toreign	country)	12.CITIZE	N OF WHAT COUNTRY?					
Chec		Transit	Bal		Md.		USA					
13. FATHER'S NAME			14. MOTHER'S MA									
	John Gemeinha			Hanna	Stoecker							
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)	16 SOCIAL SECURITY NO.	NFORMANT		Add	iress						
Yes	W. W. # 2	213-10-1004 Mr	rs. Geraldi	ine Duke	137 Sip	ple Ave	. 6					
	EATH [Enter anly one cause p	per line (ar (a), (b), and (c),	n				INTERVAL BETWEEN					
PART I, DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cormum Culci	Y, VYI LINN				5 mully					
1225	LALL DUE TO											
Conditions, if		4 1/1/11										
gave rise to												
	lying couse last.											
O PART II. O												
3 002×		Mulyminum, Julian	willy, notes	V + and	7W		YES NO					
PART II. O	20a. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part II of Part II of Part II of Item 18 ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
3 20c. TIME OF INJU		od, INJURY OCCURRED 20e. PL	ACE OF INJURY (Hom	e, form, 20f. (Cil	y or town)	(Cou	inty) (Stote)					
20c. TIME OF INJU	10	Vhile Not while to wark of work	ctory, street, office blo	ig., etc.)								
	that I attended the dec	ceased from 3 100	1 1957 1	o to duly	1960	that I last	saw the deceased					
alive on	94414	19 60 , and that death	occurred at	M, fram			late stated above					
I AV					Street, city of town,		DATE SIGNED					
ACTUAL SIGNATURE	MONN JOOR MAN	۸	MD 86(	14 时间。	TON HIE							
PHYSICIAN'S NAME (Type)	Howards Goo	Mamor	3.	Himai	(4) Im	a.						
22a. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOC/	ATION (City, town,	or county)	(Stote)					
REMOVAL (Specify Burial	7-14-1960	Balto. U.S.N	National.		Baltimore	0 1/12						
23. FUNERAL DIRECTO		ADDRESS		a. REC'D BY REGIS	TRAR 24b, REGI	ISTRAR'S SIGNA						
Janalin	A. 11	may 741.1 B.	11 201	4 E		Julus L.						
NECCHIALANA	VIANA 18 1782 17	" 1 7 1 / 7 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	1711. 18 17. DA	ATE JUL 10	-							



CERTIFICATE OF DEAT

TO HOSE IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death. Page 4 may be rained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefall director.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funefall director.  The page 3 should be detached for use as the burial-transit permit. Then please remare carban pagers. Pages 1 and 2 should be tried with the State Board of Health prior to burial, ar remaval, and in any everytimity 72 hours after death.	er death. Page 4	funeral director,	)
TO HOSS A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may be excited by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Expansion by the attending physician and completely filled in Expansion by the state Board of Health prior to buriol, cremation, ar remayal, and in any everytwith 2 haurs after death.	rs off	2.5 4.4 4.4	
TO HOS!  May be existed by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health prior to burial, cremation, ar remaval, and in any everytwithing 2 haurs after death the State Board of Health prior to burial, cremation, ar remaval, and in any everytwithing 22 haurs after death	Ő	ed in E	
TO HOSS.  TO HOSS.  May be a wined by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. the State Board of Health prior to burial, cremation, ar removal, and in any every within 72 haurs after	ithin 2	Pages death	
TO HOS!  NOR ATTENDING PHYSICIAN: The law requires that the death certificate be exect may be wined by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and category as shauld be detached for use as the burial-transit permit. Then please remaye carban paths the State Board of Health prior to burial, ar remayal, and in any every within 72 haur	nted w	mplete pers. s after	
TO HOSE  may be waited by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a page 3 shauld be detached for use as the buriol-transit permit. Then please remave carb the State Board of Health prior to buriol, cremation, ar remaval, and in any everytwithing.	Exect	an pal 2 haur	
TO HOS!  TO HOS!  TO HOS!  TO HOS!  TO HOSE A TIENDING PHYSICIAN: The law requires that the death certification and be considered by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical page 3 shauld be detached for use as the buriol-transit permit. Then please remay the State Board of Health prior to buriol, cremation, ar remayal, and in any every.	ate be	carb	
TO HOSE A OR ATTENDING PHYSICIAN: The law requires that the death comes be regimed by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the buriol-transit permit. Then please the State Board of Health priar to buriol, cremation, ar remaval, and in any expenses.	ertific	remov	
TO HOSE A OR ATTENDING PHYSICIAN: The law requires that the described by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the buriol-transit permit. Then the State Board of Health prior to buriol, cremation, ar remayal, and in	leath o	enting dease any ev	
TO HOSE A OR ATTENDING PHYSICIAN: The law requires that may be wined by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The State Board of Health prior to burial, cremation, or remayal, or	the d	the att Then p	
TO HOSE A OR ATTENDING PHYSICIAN: The law required may be sained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been significate page 3 shauld be detached for use as the burial-transit per the State Board of Health prior to burial, cremation, or rem	es tha	ed by rmit. aval, c	
TO HOSE  May be wined by the haspital or aftending physici  TO FUNERAL DIRECTOR: After this certificate has been  TO FUNERAL DIRECTOR: After this certificate has been  page 3 shauld be detached for use as the burial-tran	requir	an. Isit per	
TO HOS!  May be wined by the haspital or attending property of tuning the property of the property of the property of the prior to the prior the prior to the purior the prior to buriol, cremo the State Board of Health prior to buriol, cremo	e law	shysici ss beer al-tran	
TO HOSE  may be wined by the haspital or after to FUNERAL DIRECTOR: After his certification page 3 shauld be detached for use as the State Board of Health prior to buriol,	R. Th	ding particular ding particula	
TO HOSE  May be vained by the haspital or to FUNERAL DIRECTOR: After this can page 3 shauld be detached for use the State Board of Health prior to it	SICIA	certific certific as the	
TO HOSE  TO FUNERAL DIRECTOR: Afree described by the hasp may be regimed by the hasp may be regimed by the hasp page 3 should be detached the State Board of Health print print by the State Board of Health print	G PHY	r this control or to be	
TO HOS OR ATTER  May be related by the may be related by the page 3 should be determined by the State Board of Hea	NDIN	a hasp After Ched t	
MYSTA TO HOS CORNES OR MOY BE CALINED TO FUNERAL DIRECTOR DIRECTOR OF The State Board of	ATTE	CTOR CTOR e deto	
TO HOS May be may be TO FUNERAL page 3 she the State B	NO A	cord c	
AL VICE (4) 12W 8/28 AL VICE (	100	JERAI 3 sho	
VR A1S (4) 15M 9/59	O HO	O FUT Page the St	
	VR 15	A1S (4) M 9/59	

	(100 CERTIFICATE OF DEATH	Overi
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution	Residence before admission)
	O. COUNTY OF MARYLAND O. STATE B. COUNTY B. COUNTY	TIMORE
_	b CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	
	CATOUSUILLE MEATH & LANSDOWNE	
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION  d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	SUMMIT RUBSING HOME 1 2350 TESEARCH	TUE YES NO D
3	NAME OF DECEASED (Type or print) (Type or prin	Day Year 2 7 19 60
5.	THE WAY THE GENERAL NOTE WAS A STORY OF THE WAY TO A STORY OF THE	JNDER I YEAR IF UNDER 24 HRS
_,		lanths Days Hours Min.
100	USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	CARPENTER Construction MARYLAND	U.SA
13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME ,	7,007,
	Robert GLENSKY UNKNOWN	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIFY NO. 17 INFORMANT Address	
141	NO NOVE 217-03-0445 WALTER GLEUSKY //0.	2 FLM Rd
_	18. CAUSE OF DEATH [Enter only one couse per tine for (o) (b), and (c) ]	INTERVAL BETWEEN
	PART! DEATH WAS CAUSED BY. Cerebral Chramfosis	ONSET AND DEATH
	DUETO AL DIETO	4
	Conditions, it ony, which) (b) Werroschrotie CV, generalize	zed
	gave rise to immediate cause (a), stating the under-	
	lying couse lost. (c)	
N O	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN	IN PART 1(a) 19 WAS AUTOPSY
CATI		YES NO
RTIFE	200 ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH	7
CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Š	20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form factory, street, affice bldg., atc.)	(County) (State)
MEDI	Hour o m.  p. m.  While of work of work of work	
	21. I certify that (I) (this hospital) attended the deceased from Jan, 1959, to Valy 26	19.6.0, that (I) (we) lost
	saw the deceased alive on July 26,7960, and that death accurred at M. from the couses and	
	220 5 GNATURE	/ 22b DATE
	Stuled & Genellas, M.D. ATTENDING MED. STAFF PHYS. [	7/28/60
	PARE (Type) Herbert J Levickas 5305 East Dri	12
23	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or c	county) (Stote)
	BUANISTON 7-30-60 GOVANSTON RESPONDENCE BALTI	MORE Md
24	The I Standard Marie A	AR'S SIGNATURE
0	Francis M. matter 3101 Freeting and DATUG 1 '60 Cithun	S. Flrank
- 94		



VR A1S (4) 15M ⊞/59

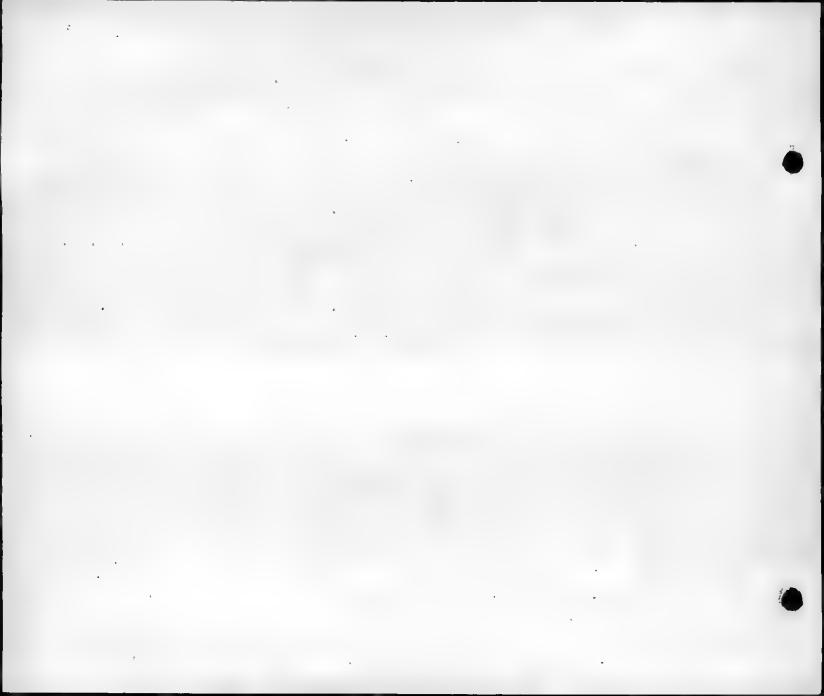
### 7681

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

0	7	7	ĺ	5

					_						
a. COUNTY BE	altimore		МА	RYLAND		USUAL RESIDENCE (WHO a. STATE	ere deceased	t lived. If instituti b. COUNTY	an Residence		
RURAL and give n	Fauts'de corporate limi earest town) nscowne	ts write	c. LENGTH OF STA	AY IN 16	g 40	Lansdown		rate limits, write R	URAL and gir	ve neares	it tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g					d. STREET ADDRESS					IS RESIDENCE ON A FARM?
	2616 Bra	aun 1	Avenue		1	2616 Bra	un At	renue		Y	ES NO X
3 NAME OF (Type or print)	Kat	her:	ine T		oe	ller	4. DATE OF DEATH	Ju.	- 1:	Doy	Year 19 60
S. SEX	6 COLOR OR RACE	7. MARE	RIED 🔀 NEVER MAI	RRIED 🔲	8 D	ATE OF BIRTH		9 AGE (In years last birthday)	The state of the s		UNDER 24 HRS
female	white	WIDOWI	ED DIVOR	CED []	N	lov.28,189	2	67 yrs	manins L	Days F	lours Min,
100 USJAL OCCUPATION during most of wor houseWif 13. FATHER'S NAME	ON (Give kind of work king life, even if retired	dane 10b	KIND OF BUSINESS	OR INDUS		Maryland  Mother's Maiden N		auntry)		S.	A .
Tohn	Otten					Jul 4	a M.	Born			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17, IN	FOR	MANT	.01 113	Add	ress		
(Yes, no, or unknown)	(It yes, give war or dates of s	ervice)	none	Jo	hn	D. Goell	er 26	516 Brai	un Av	e. I	Lansdov
Canditians, if a gave rise to a cause (a), stating lying cause last.	the under-	}				ARCO MI				15	MOS
PART II. OT	HER SIGNIFICANT CON	D TIONS (	CONTRIBUTING TO	DEATH BUT	NO	T RELATED TO THE TERM!	INAL D SEAS	E CONDITION GI	VEN IN PARI		PERFORMED?
	AS UNDERLYING AS UNDERLYING DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	OCCURRE	) (E	nter nature of injury in	Part I ar Par	t II af item 18)			
20c. TIME OF INJUI Have a. m. p. m	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while	20e. PL/ for	CE	OF INJURY (Hame, farm, street, affice bldg , etc	20f (City	artawn)		ounty)	(State)
	sed alive an Ge	ly:		nd that a		h occurred at 5 f	M, from	STAFF PHYS.	on the		(1) (we) last tated abave. 22b DATE SIGNED
230 BURIAL, CREMAT C REMOVAL (Specify BUIL 181			23c NAME OF C			Cemetery		ridge,	or county) Maryl	and	(State)
24. FUNERAL DIRECTOR			ADDRESS				D BY REGIST		ISTRAR'S SIG	2 4	
Howard I	H. Hubbar	d 41	07 Wilke	ens A	V	DATE JU	1 27'6	0	etun 8 1	tracks	



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

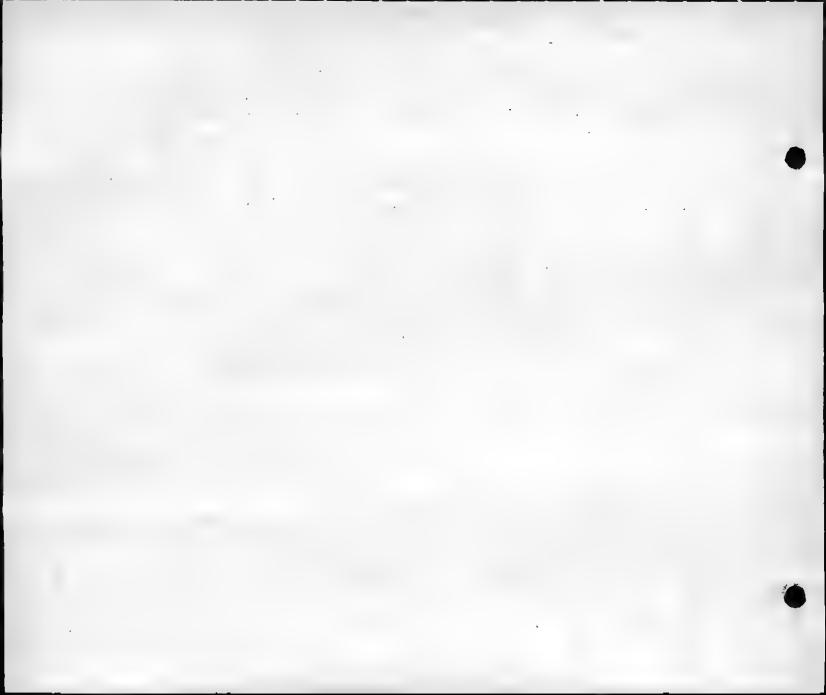
07713

l	CERTIFICATE OF DEATH
1 !	PLACE OF DEATH  O. COUNTY  Balture  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission)  o. STATE  D. L. b. COUNTY  Dollo.
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Lural (Chase)  2 445
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  d. STREET ADDRESS  VBy 466 B. Carroll Bland R. YES NO F.
1 1	NAME OF First Middle Green Last 4. DATE OF DEATH Tuley 16th 196
5 5	SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  Months   Nover
_	2 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY  13 CITIZEN OF WHAT COUNTRY  14 CITIZEN OF WHAT COUNTRY  15 CITIZEN OF WHAT COUNTRY  16 CITIZEN OF WHAT COUNTRY  17 CITIZEN OF WHAT COUNTRY  18 CITIZEN OF WHAT COUNTRY  19 CITIZEN OF WHAT COUNTRY  19 CITIZEN OF WHAT COUNTRY  10 CITIZEN OF WHAT COUNTRY  11 CITIZEN OF WHAT COUNTRY  12 CITIZEN OF WHAT COUNTRY  13 CITIZEN OF WHAT COUNTRY  14 CITIZEN OF WHAT COUNTRY  15 CITIZEN OF WHAT COUNTRY  16 CITIZEN OF WHAT COUNTRY  17 CITIZEN OF WHAT COUNTRY  18 CITIZEN OF WHAT COUNTRY  19 CITIZEN OF WHAT COUNTRY  19 CITIZEN OF WHAT COUNTRY  10 CITIZEN OF WHAT COUNTRY  11 CITIZEN OF WHAT COUNTRY  11 CITIZEN OF WHAT COUNTRY  12 CITIZEN OF WHAT COUNTRY  13 CITIZEN OF WHAT COUNTRY  14 CITIZEN OF WHAT COUNTRY  15 CITIZEN OF WHAT COUNTRY  16 CITIZEN OF WHAT COUNTRY  17 CITIZEN OF WHAT COUNTRY  18 CITIZEN OF WHAT COUNTRY  18 CITIZEN OF WHAT COUNTRY  19 CITIZEN OF WHAT COUNTRY  10 CITIZEN OF WHAT COUNTRY  10 CITIZEN OF WHAT COUNTRY  11 CITIZEN OF WHAT COUNTRY  12 CITIZEN OF WHAT COUNTRY  13 CITIZEN OF WHAT COUNTRY  14 CITIZEN OF WHAT COUNTRY  15 CITIZEN OF WHAT COUNTRY  16 CITIZEN OF WHAT COUNTRY  17 CITIZEN OF WHAT COUNTRY  17 CITIZEN OF WHAT COUNTRY  18 CITIZEN OF WHAT COU
13.	FATHER'S NAME Groupe Green 14. MOTHER'S MAIDEN NAME 2 slufby
	WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  (If yes, give wer or doles of service)  273 3 8653 Floridan 7 Sulen (above)
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PROPERTY OF THE PRO
	Conditions, if ony, which gove rise to immediate couse (a), stating the under:  lying couse lost.  DUE TO  (b) Coronary Airferos clierons  2 year  (c)
CATION	PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(4) 19 WAS AUTOPS PERFORMED? YES NO
L CERTIFICA	200 ACC DENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work of w
	21. I certify that (I) (this haspital) attended the deceased from Febr. 23 1260 to July 16, 1960 that (I) (we) la saw the deceased alive an July 14 1960, and that death occurred at 500 M, from the causes and an the date stated above
	220. SIGNATURE  ATTENDING MED STAFF SIGNE  ATTENDING DIRECTOR DIRE
	22c PHYS CIAN'S Leopoldo Gruss M.D 22d ADDRESS 45.D 22d ADDRESS 46.5 Stemmers Rem Rd Back
230	BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Store)  BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county)  BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY  BURIAL CREMATION, 23d LOCATION (City, town, or county)  BURIAL CREMATION, 23d LOCATION (City, town, or county)  BURIAL CREMATION, 23d LOCATION (City, town, or county)
24	FUNERAL DIRECTOR'S SIGNATURE. ADDRESS ADDRESS DATERN 350 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATERN 19'60 Outland & Human

may be examed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

по но VR A15 (4) 15M 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH Property phylision of statistical research and records — Baltimore 1, Maryland CERTIFICATE OF DEATH

07714

)	1. PLACE OF D	EATH LTIM(	ORE		MARY	LAND 2.	and 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE MARYLAND b. COUNTY							
,	RURAL on	d give ned	outside corporate lim prest town) DWARD	its, write	13 DAYS	IN 1b		OWN (If o		rota limits, write	RL RAL ond	ive nea	rest town	
d	OR INSTI	NOITUT	AL (If not in hospital, S ADMINIST	oddress) N_HOSPITAL		d. STREET AI		HWOOD	PLACE		ľ		DENCE FARM? NOCEK	
	3 NAME OF DECEASED (Type or pri	nt)	GEOR	rst Œ	CONRAD (		tost NZELMAJ	.V	4. DATE OF DEATH	JULY	onth	247		¢60
	s. SEX		6 COLOR OR RACE	7. MARR	RIED NEVER MARRI		ATE OF BIRTH		_	9. AGE (In years lost birthdoy)	Months Months	1 YEAR Days	Hours !	R 24 HRS. Min
	MALE		WHITTE	WIDOWE			JUNE 5			(1 yrs				
\	during mo	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  BOOKKEEPER  PACKING			PACKING HO			_		ountry) RYLAND	112. CITI	U.S.		OUNTRY?
	13. FATHER'S N	AME				1	4. MOTHER'S	MAIDEN N	IAME					
/	GEORG	E C.	GUNZELMAN				MARGA	RET D	IETZ					
	15. WAS DECE	ASED EVER	IN U. S. ARMED FOI	servica)	SOCIAL SECURITY NO						ldress			
	Yes		WW I	2	218-12-4534	A Clir	rec VA	H, Ba	lto Mo	d. Ft. H	oward	Div	•	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE  IMMEDIATE CAUSE (o)  ONSET AND DEATH  10 DAYS												
[D] THETTHE TAY THE THE TAXABLE TO A THE TAXABBE TO A THE TAXABLE TO A THE TAXABBLE TO A THE TAXABBE TO A TH											NKNO	WN		
	gove rise to immediate cousa (a), stoting the under-lying couse lost.													
		, (*)												
	Ž			NEUMC		ecumen a		Total In 1	Part I ar Par	a it of item 10 t			YES _	NO 🔀
	OR CONTI	RIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. 085	CRIBE HOW INJURY O	CCORRED. (I	mier noture of	injury in s	rom i or roi	it it of them rus,				
		OF INJURY O. m. p. m.	/ Month, Doy, Yo	While of wor			OF INJURY (I , street, office			y or town)	(4	County)		(Stote)
	21 1 cer	ify tha	(this hospite	i) attend	ded the deceosed	fromJur	ne 27			July 10	1, 1950			
2	sow the		ed alive on JUJ	'A TO	19_60 , and	that dea	th occurred	Q#T:T	Dif Weam	the causes o	and an the	dote		above.
	1 //	4.	A 2 1 1 12 12 12 12 12 12 12 12 12 12 12	1	^	MO	ATTENDING PHYS	D1	ED RECTOR [	STAFF		7/1	1/60	SIGNED
	22e IPSIYS	22 ports cland live m												
	1_WAL!	FK J			1.D.			BALTI		_MD F		ARD_		
	23a BUR AL, C REMOVAL	RPMAT OF	N 23b DATE THERE	Of	23c NAME OF CEM				23d LOCA	ITION (City, town	, or county)		(Stote	e)
	Buria	3.L	7/13/60		Baltimor	e Nat:	lonal			timore,			n. 64	
	24, FUNERAL D	IRECTOR'S	SIGNATURE		ADDRESS			25a. REC'	D BY REGIS		GISTRAR'S SI			
4	Wm J.T	Lckne	r Funeral	Home	Pa & North	Ave.	Balto.	DATE M	1 1.2 16	0 0	Alban S.	Thou	A	

TO HO May be included by the haspitol ar attending physician:

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayol, and in any event, with 22 places of the death.

VR A1S (4) 1SM 9/S9



: /

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

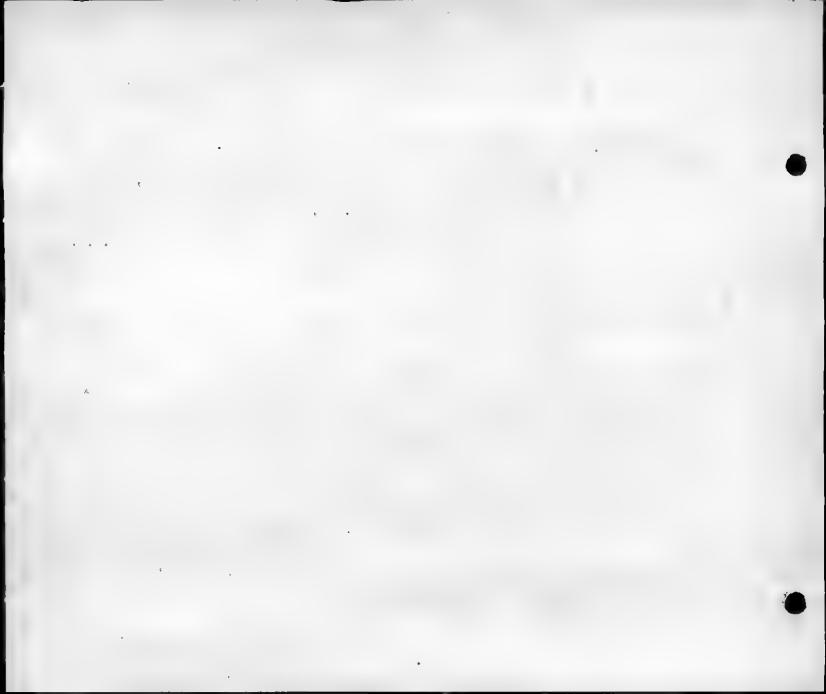
07715

7741 CERTIFICATE OF DEATH

		z,	CLKIIII	CAI	L OF DEA	1111			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY				2	USUAL RESIDENCE	E (Where d	eceased live		on. Residen	ce before	odmissi	ian)
u. Counti	Paltimore		MARYLA	ND	o. STATE Mar	wland	1	b. COUNTY	Balt	imor	e	
b. CITY OR TOWN (I	f outside corporate limits	, write	c. LENGTH OF STAY IN	1b _	CITY OR TOWN	l (If aulside	corporate	limits, write R				)
RURAL and give ne	Ef area ma				- 00	ex #2						
d. NAME OF HOSPIT	AL (If not in haspital, giv	re street o	address)		d. STREET ADDRES		-			e.	IS RESI	IDENCE
OR INSTITUTION	ve. Cape May	r Re:	a ch		7016	Esser	Ave.				ON A	FARM?
3. NAME OF	First		Middle	!								
DECEASED (Type or print)					Last	1 0	OF .	Mon		Day		reor
5. SEX	EMMA AUGUS		HALL	- 10 -	ATE OF BARY		EATH	July		1 4510		9 60
-			IED NEVER MARRIED		ATE OF BIRTH	000	Y. 6	GE (In years	Manths Manths	Days	Hours	R 24 HRS Min,
Female		WIDOWE			ug. 13, 1		1 '	γτ yrs.		/-		
during most of work	ON (Give kind of work do king life, even if retured)	ne 10b.	KIND OF BUSINESS OR I	NDUSTRY	11 BIRTHPLACE (S	Stale or for	eign countr	y}	12 CIT	_		COUNTRY
Housew	ife		Retired		Mary	rland			l	U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAID	EN NAME						
Frank (	Godwin				Martha	Ross						
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress			
No	(If yes, give wor or dotes of sen	nce)	None	Et	hel Leary	T	S	ame				
	TH [Enter only one cou	se per lin		A	3					1 INTER	VAL BET	TWEEN
	TH WAS CAUSED BY:	- 4	rea boilory	. 64	reture.					ONSE	TAND	DEATH
1 5 0 F	IMMEDIATE CAUSE (a)		1 600 0001		7, 4, 4, 4,							THE PARTY OF THE P
7-	DUE TO	1	atra abdo	444	0 01	Hee					0	Ani
Conditions, if as		7	anu abau	144	un a	700	45				7	many
couse (a), stating I			holocysti	ti.	(Cholec	me To	At. 1				2 2	do
lying couse lost.	) (c).							my)				-
PART II. OTH KUPEN  2003. ACCIDENTING OR CONTRIBUTING (IF EITHER, NOTIFY			ONTRIBUTING TO DEATH	- 41				NDITION GIV			WAS A	UTOPSY
3 Kyper	HUSIN C	ran	o vasentan	<u>a</u>	seave, a	rrte	1107	c/er	otic	.   '	YES 📋	NO D
20g. ACCIDENT WA	S UNDERLYING   2	оь. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury	y in Part 1	or Part II a	Filem 18.)				
	MEDICAL EXAMINER)											
Y 20c. TIME OF INJURY	Y Manth, Day, Year	20d. IN	JURY OCCURRED 200	PLACE	OF INJURY (Home,	form, 20	(City or t	pwn)	10	County)		(Stote)
Haur o, m,	19	While of work	_ Not while	loctory	, street, affice bldg.	, etc.)			,			` '
		-		11	60	10.1	-/ 1	1 60				
	at I attended the a	lecease			, 19 <u>60</u> , 10,	570	7	1900	that I	last sav	v the d	decease
alive an	my 23	, 19.40	e, and that de	eath ac	curred at 7	L.M.	fram th	e causes a	nd on th	ne date	state	d abave
ACTUAL CI	1000	$\Lambda_{4}$	Mara A.		lux Gui	ADDR	ESS (Street,	city or town.	state)		► DA	TE SIGNE
SIGNATURE	year .	J	TOWN PINA	M.D.	HIDCAST	orn,	tre,	usex l	1, 4	<b>4</b>	1-	<b>27-</b> (
PHYSICIAN'S NAME (Type)	weeke	C.	Bauma	hn					•			
220. BURIAL, CREMAT OF	N, 226. DATE THEREOF		22c. NAME OF CEMETER		EMATORY	22d	LOCATION	(City, tawn, c	r county)		(State	)
REMOVAL (Specify) Burial	7/30/60		Sudlersvil	1e (	emeterv			Anne (		r Mo	rvla	
23. FUNERAL DIRECTOR'S			ADDRESS						TRAR'S SIC		T.AT	arra.
	2-21-2 7/10/	7 E'n	stern Ave.		DATE		REGISTRAR		hthy _			

DATE

VS A15 (4) 15M 10/57



arthur S. Krous

JUL 2 8 '60

DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2...

rs ofter death. ■ mge 4

		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)						
A	1	O. COUNTY BALTI	MORE		MARYI	LAND	MARYLAND 6. COUNTY ANNE ARUNDEL .						
1)	1	b CiTY OR TOWN (ii RURAL and give ne	outside corporate timil	s, wrife	c LENGTH OF STAY	IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		BALTI			38 DAY	s	ANNAPOI	IS		1			
		d. NAME OF HOSPITA	AL (If not in hospital, g	ve street	oddress)	T	d. STREET ADDRESS				e. IS R	ESIDENCE A FARMA	
~ ~ ~			DMINISTRAT	ION	HOSPITAL		3 COLLE	GE CR	EEK TERR	ACE		NO [	
	3 NAME OF First			Middle		lost	4. DATE OF	Mon	th	Day	Year		
		(Type or print)	NICHO			200 0001 0100	ILTON	DEATH	JULY		25	1960	
	5 5	SEX	6. COLOR OR RACE	7. MARI	RIED 🚺 NEVER MARRIE	D 🔲 8	DATE OF BIRTH		9 AGE (In years last bigthday)		YEAR FUN		
		MALE	COLORED	WIDOW	ED DIVORCED		ECEMBER 3, 1	893	66 yrs	Munns	Joys   ridui	's pun	
	100	USUAL OCCUPAT C	N (Give kind of work of ing life, even if retired)	ane 10b	KIND OF BUSINESS OF	R INDUSTI	RY 11 BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZ	EN OF WHA	COUNTRY	
		LABOBER		U	.S.NAVAL AC	<b>ADEM</b>	ANNAPOLIS,	U.S.A					
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
		WILLIAM H	IAMILTON				HESTER STE	WART					
-)	15. (Yes	WAS DECEASED EVER	R IN U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO.	17 INF	DRMANT		Add	ress			
	Ĺ	YES	WW I		14-05-2489	CLI	N.REC.VAH FI	HOWA	RD DIV. I	BALTO	18,MD		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]												
	PART I. DEATH WAS CAUSED BY MARKED HYPERTROPHY & DILATATION OF HEART												
	, 34 A DUE TO												
	Conditions, if ony, which (b) ANASARCA											onth	
		gave rise to in cause (a), stating t		711127	HOTELOTE.								
	lying couse last. (c)												
											1(o) 19 WA	S ALTOPSY FORMED?	
	CATION	E	dema of the	lur	ngs; abscess	ses o	f prostate				YES		
	CERTIF	20a ACC DENT WA	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in f	ort I or Por	H of item 18)				
	9 . 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c TIME OF INJURY Hour o.m.	Y Month, Day, Yea	r 20d I While			E OF INJURY (Hame, farm ry, street, office bldg., etc.		or town)	(Co	ounty)	(Slote	
	ME	p. m.	19		rk of work								
		21. I certify tha	t (X (this haspital	atten	ded the deceased	from JJ	ne 17 19	60, 10J	uly 25	1960	_, thatXI	F (we) las	
		saw the deceas	ed ative on Jul	y 25	1960 , and	that de	oth accurred 9:10	AM from	the causes an	d on the	date state	ed abave	
1		220 SIGNATURE			v							22b DATE	
- A		/ X- & _	1		А	M.	D PHYS DI	ECTOR	STAFF PHYS 🔼		7/2	5/60 E	
<i>\$</i>		22c PHYSICIAN'S NAME (Type)	1				22d. ADDRESS		-				
			ALTÉR J. PI	JANO	WSKI, M.D.		VAH FT HO	WARD :	DIV. Ball	OM O			
	23a	BURIAL CREMATIO	N, 236 DATE THEREO	F	23c NAME OF CEME	TERY OR	CREMATORY A	23d LOCA	TION (City, lown,	or county)	(S	tate)	
		Burial	7-7-9-6	0	-MT MORIAH	am	g. nate.	ANNA	POLIS, M	RYLAN	D		
	24.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		25g. REC'	BY REGIST	RAR 256 REGI	STRAR'S SIG	NATURE		

Wm Reese Washington St Annapolis, Md

07716



MARYLAND STATE DEPARTMENT OF HEALTH

ODIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07717

	The last of the la
	LACE OF DEATH COUNTY O. STATE  b. COUNTY COUNTY O. STATE
	Balfo. MARYLAND Md. Balfo.
Ь	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits write RURAL and give nearest fown)
	middle amer 4 Middle Kner
đ	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION OR INSTRUCTION ON A FARM YES   NO
D	IAME OF First Middle Lost 4. DATE Month Day Year SECEASED (First Middle Lost OF DEATH JULY 19 19
SE.	
1	FEMALE WHITE WIDOWED DIVORCED DIVORCED June 7, 1886 Just birthday) Months Days Hours M
)a	JSLAL OCCUPAT ON (Give kind of wark dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
), F	TATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT  Address  If yes give wor or doint of service)  Address  Address  Address
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEE
	PART DEATH WAS CAUSED BY ONSET AND DEAT
	conditions, if any, which) (b) Anterio-selevotic Heart Disease 31/2
	gave rise to immediate cause (a), stating the under- lying cause last.
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTO PERFORMED YES IN NO
62 P	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Haur a.m. While Not while at wark at work 19 at work 19
	21 I certify that (I) (this hospital) attended the deceased fram a sure 18 1959 to July 19, 1960, that (I) (we) saw the deceased alive an may 16, and that death accurred 650 M, fram the causes and an the date stated about
	220. SIGNATURE JOSEPH MELL MD ATTENDING MED. STAFF 7/20/51G
	22c PHYSIC AN'S NAME (Type) DOSEPH MICELI MP. 108 S. TAYLOR AVE BALTO, 21
23o	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote)
24 F	JUNERAL DIRECTOR SE GNATURE  ADDRESS  A
	JAMES 21 DATE MY 21 '60 Author & thous

physician and campletely filled in by the funeral director, fore a chain papers. Pages 1 and 2 shauld be filled with this Paces ofter death. rs after death. Page 4 OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please in the State Board of Realth priar to burial, cremation, or remarkul, and in any effects. TO HOS

VR A15 (4) 15M 9/59

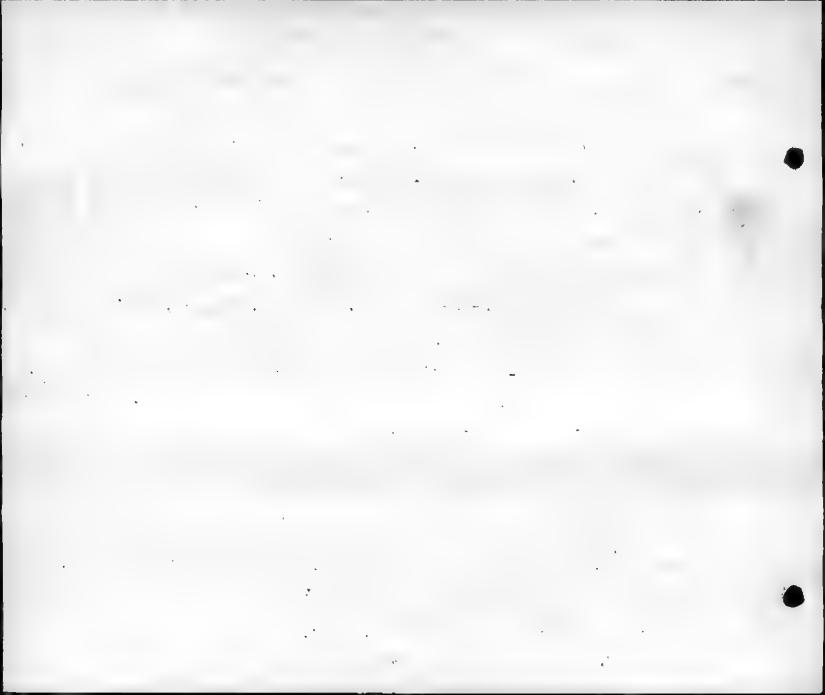


### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7744 CERTIFICATE OF DEATH

Reg. Dist. 70.718

the state of the s		
1. PLACE OF DEATH o. COUNTY  Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institute of STATE Maryland b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negast fown)	CITY OR TOWN (If outside corporate limits, write I	(URAL and give nearest fown)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 812 Regester Avenue	d STREET ADDRESS 6510 Loch Hill Court	e IS RESIDENCE ON A FARM? YES NO O
3. NAME OF DECEASED (Type or print) Mrs. Blanche Olivia Ha	raett 4. DATE Mor	ly 11th 19 60
5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED DIVORCED	B BATE OF BIRTH  9 AGE (in years lost birthday) 77 yrs	Months Doys Hours Min
10a USLA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDUST	Maryland  14 MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
Alphonso Clasgett	Molly V. Thompson	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO III		iress
212-01-9594	Mr. Arthur M. Hargett,	6510LUch Hill
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY:	,	ONSET AND DEATH
MMEDIATE CAUSE (6) / LICENSON A TIL	contest w	mimalitus
Conditions if ony, which)	stant was said	1000000
gove rise to immediate DISTO 1 1150 OF THE	e evertige and in	( )
Lying couse lost.	. if the part terms with	ci. al 4- Visionshi
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
E arleroscentic concei conse	is he there is	YES NO I
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Fox While Not while fox year 20d INJURY OCCURRED fox	ACE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg , etc.)	(County) (Slote)
21. I certify that I attended the deceased from March	1957, to 11 July , 1961	that I last saw the deceased
alive on / Ly Juny 1960, and that death		nd on the date stated above
SIGNATURE JURILIANO OSCHULA	ADDRESS (Street, city or town,	stole) DATE SIGNED
PHYSICIAN'S NAME (Type)	But Emore -1, "Ind	7
220. BUR AL, CREMATION, 226 DATE THEREOF 22C, NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town,	or county) (Stote)
Burial 7/14/60 Rockville	emetery Rockville,	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		ISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	#14 DATEJUL 14'60 Ch	than S. Kines



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

7745	CERTIFICA	TE OF DEATH		07719				
PLACE OF DEATH o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institut b. COUNTY	rian: Residence before admission)				
b. CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Catons ville	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)				
d NAME OF HOSP,TAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
NAME OF First First	ing Ave.	l The lost	Marylander Apt 4. DATE Mo					
(Type or print) BLANCHE	W. H	ARRTS	OF DEATH July	. 5 19 60				
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 TEAR IF UNDER 24 HRS				
emale   White   widow	/ED SOX DIVORCED	Sept. 26, 18	lost birthdoy)					
USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY				
IONE FATHER'S NAME	none	14. MOTHER'S MAIDEN						
Albert F. Shackelford  WAS DECEASED EVER IN U. S. ARMED FORCES? 116	SOCIAL SECURITY NO. 17 II	Mary Mary	Catherine Wal	Lace dress				
10 S. ARMED FORCES   16 st. no. pr unknown)								
18 CAUSE OF DEATH [Enter only one couse per l		rs. Maude S.	LOWETT - 30/ D	outhway - Balto M				
Conditions, if any, which gave rise to immediate cause (a), storing the underlying couse lost.  [b] C DUE TO  [c] DUE TO  [c] C   C   C   C    [c] DUE TO	Necis Dele	usis.						
PART II OTHER'S GNIFICANT CONDITIONS  20g ACCIDENT WAS UNDERLYING [] 20b DE: OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)		_		IVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO				
	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port I of item 18.)					
Hour a.m. While	6-	ACE OF INJURY (Home, fare ctory, street, office bldg., et		(Caunty) (State				
21 I certify that (I) (this haspital) attended the deceased fram. If 1960, ta July 5, 1960, that (I) (we) last saw the deceased alive an July 4 1960, and that death accurred at (A) M, fram the causes and an the date stated above 220 SIGNATURE  220 SIGNATURE  221 I certify that (I) (this haspital) attended the deceased fram. If (I) (we) last saw the deceased alive an July 5 and that death accurred at (A) M, fram the causes and an the date stated above SIGNATURE  222 SIGNATURE  223 SIGNATURE  224 SIGNATURE  225 SIGNATURE								
220 SIGNATURE	n e	ATTENDING	STAFF	SIGNEL				
22c. PHYSICIAN'S NAME (Type) A. BERNARÓ.	J COHEN	M.D ATTENDING NO DE NO D	Lorder aft	١٥١١٠١				
22c. PHYSCIAND Denaisy. Cot	J COHEN  23c NAME OF CEMETERY C	M.D PHYS OD DE 22d. ADDRESS The Mary	RECTOR PHYS	۷,				

may be fined by the hospitol or otherding physicion.

To EUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and sompletely fit ed in by the funeral director, page 3 should be detached for use as the buriol-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death. OR MITEMBING PHYSICIAN. The low requires that the death sertificate be exesured within 24 TO HOS VR A15 (4) 15M 9/59

rs after death. Page 4



W

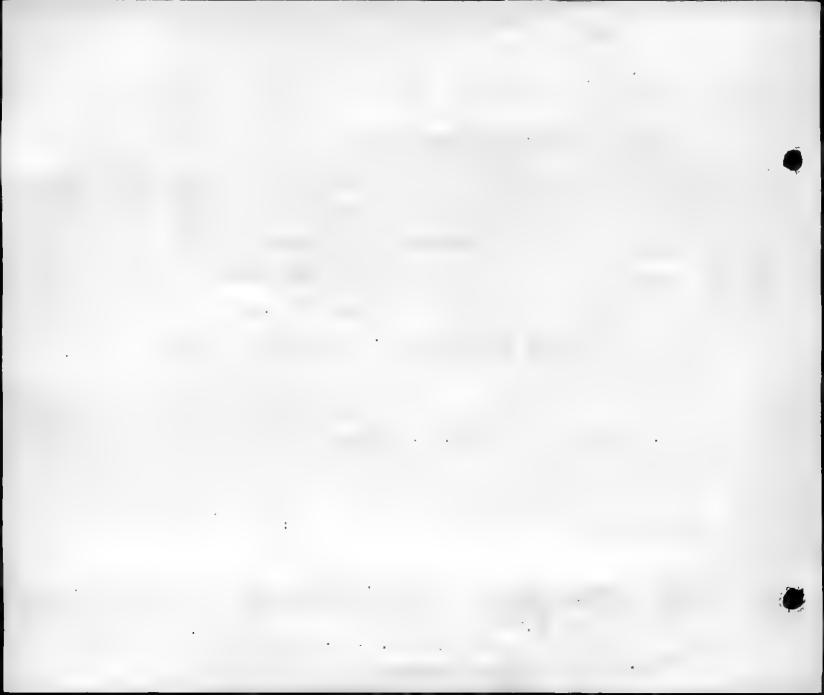
TO HOS

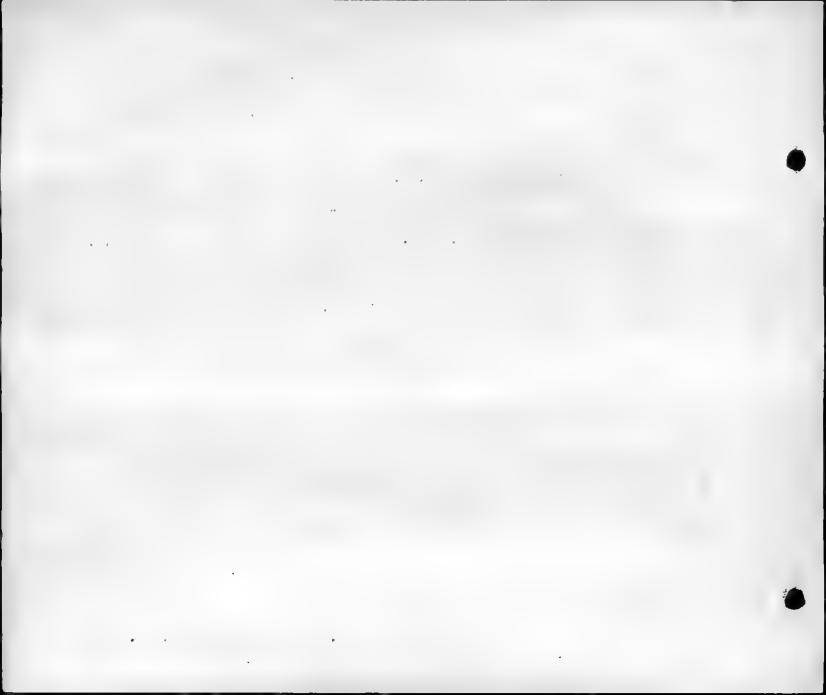
VR A15 (4) 1SM 9/S9

7746

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY BAT TIMORE	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
b CITY OR TOWN (If outside corporate limit	s, write   c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside carporate limits, write RURAL and	a've negrest lown)					
FORT HOWARD			1					
d NAME OF HOSPITAL (if not in hospital, gi	ive street address)	d. STREET ADDRESS	e. is RESIDENCE					
VETERANS ADMINISTRA	TION HOSPITAL	833 N COLLINGTON AVE						
3. NAME OF DECEASED	st Middle	Last 4. DATE Month	Day Yeor					
(Type or print) EART		HARVEY DEATH JULY	7 160					
S SEX 6. COLOR OR RACE	7. MARRIED A NEVER MARRIED	B DATE OF BIRTH  9 AGE (n years   IF UNDER   In this birthday)   Months	YEAR IF UNDER 24 HRS Doys Hours Min					
MALE WRITE	WIDOWED DIVORCED							
10a USUAL OCCUPATION (Give kind of work d during most of working life, even if retired)	lone 10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or foreign country) 12. CHT	IZEN OF WHAT COUNTRY?					
PAINTER 13. FATHER'S NAME	GOVERNMENT	LYNCHBURG, VA  14. MOTHER'S MAIDEN NAME	J S A					
JESSE HARVEY		FANNIE STINNETT						
15. WAS DECEASED EVER IN U. S. ARMED FORG		IFORMANT Address						
YES WW I		LIN REC VAH BALTO MD FT HOWARD I	VIC					
18. CAUSE OF DEATH [Enter only one cou	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ARTERIOSCIEROTIC HEART DISENSE WITH CARDIAC							
3 6	NEXX INSUFFICIENCY							
Conditions, if any, which ) (b)			UNKNOWN					
gove rise to immediate DUE TO								
lying couse last. (c)								
Z PART II OTHER SIGNIFICANT CONE	D TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?					
	of rectum. 2. Empl	hysema of lung due to unknown ca						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause 200 ACCIDENT WAS UNDERLYING   20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of tem 18)  1. Grant II other SIGNIFICANT CONDITIONS CONTRIBUTING OCCURRED (Enter nature of injury in Port I or Port II of tem 18)  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma of rectum. 2. Emphysema of lung due to unknown cause  1. Adenocarcinoma								
3 20c TME OF INJURY Month, Doy, Yea	ar 20d INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, form,   20f. (City or town)	County) (Stote)					
TO THE OF INJURY Month, Doy, Year Hour a.m.	White Not white for	tory, street, office bldg., etc.)						
21 I certify that **() (this haspital)		UNE 6 - 10.1260, 10.JULY 7 19.6	50, that 30 (we) lost					
saw the deceased alive an TITLY	·	leath accurred atM, from the causes and an th	. ,					
22o. S'GNATURE	7 010 Hall 0	real occurred am, train the causes and at the	22b. DATE					
11	M.D PHYS. DIRECTOR PHYS.	79948						
22c. PHYSICIAN'S NAME (Type)	W K. Wasit	22d ADDRESS						
THOMAS R HO	OOD / July Co	VAH BALTO 18 MD FT HOWARD	DIVISION					
23a BURIAL, CREMATION 23b. DATE THEREO	F 23c NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county)	(Stote)					
Burial July 11,	1960 Holy Redeeme	r Balto, Md						
24 FUNERAL DIRECTOR'S S GNATURE	hesaco Ave. Balto.	5. MO. 250 PECID BY REGISTRAR 256 REGISTRAR'S SI	GNATURE					
VVVVVE		DATE ALL 12'60 Cartlun d	7 LYBOURN					
The state of the s		Maria de la companya della companya						





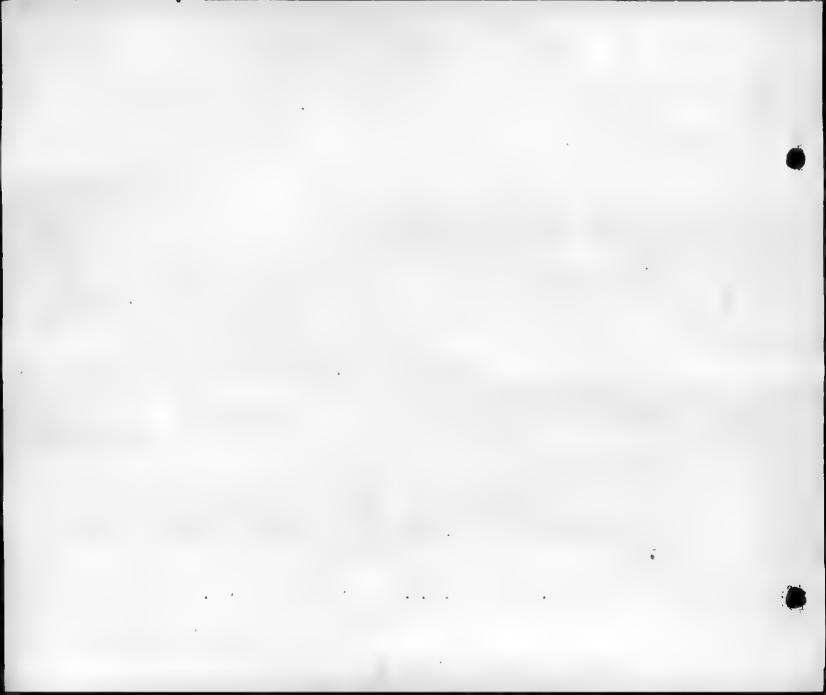
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 7748

07722

		4-										
1 PLACE OF DEATH	a COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE b. COUNTY						
	LTIMORE	MARYLA	AND	MARYLAND								
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)							
	FORT HOWARD 16 DAYS					BALTIMORE 3 V (1-1)						
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	give street	address)		d STREET ADDRESS e IS RESI							
	ADMINISTRA	TION	HOSPITAL		1803 D	UKELAN	D ST		YES NO			
3 NAME OF DECEASED	Fii	rsh	Middle		Last	4. DATE	Mont	th	Day	Yeor		
(Type or print)	MAUR	MAURICE		H	ENDERSON	DEATH JULY			19 19 60			
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		1		
Male	colored	WIDOW	ED 🔼 DIVORCED		JULY 4, 1890	)	70 yrs.	Months E	Days Hou	rs Min		
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State	or foreign co	untry)	12. CITIZ	EN OF WHA	TCOUNTRY?		
CHAUFFE		1	TRANSPORTAT	ION	BALTO MD			τ	JSA			
13. FATHER'S NAME					14 MOTHER'S MAIDEN N	NAME						
HENRY I	HENDERSON				ELIZA JON	ES						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INF	DRMANT		Addr	@35				
Yes	WW I	ret vice)	Unknown	Cl	in Rec VAH B	alto 1	8, Md Ft	Howar	rd Div	ision		
18 CAUSE OF DE	ATH [Enter only one co	ouse per li	ine for (o), (b), and (c).]						INTERVAL	BETWEEN		
PART I DE	ATH WAS CAUSED BY.	.)	BRONCHOPNEU	JMON.	A RIGHT LOWI	ER LOBI	Ē		UNSE! AI	Days		
1441	Y DUE TO	,										
Conditions, if	oný, which )		NEPHROSCLE	ROST	S. ADVANCED				UNKNOW			
gove rise to	immediate (	•	III.II shallow value							O A D A D A D A D A D A D A D A D A D A		
cause (a), stating lying cause lost.	tue audet-											
Z PART II OT			CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEASE	COND TION GIV	EN N PART	1(a) 19. W	AS AUTOPSY		
I S										REORMED?		
PART II OT	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Part	II of item 18.)					
(IF EITHER, NOTIF	'AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)											
3 20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. I	NJURY OCCURRED 2		E OF INJURY (Home, farm		or town)	(Co	ounty)	(Stote)		
ZOc. TIME OF INJU Hour o. m.	10	While of wa		TOCTO	ry, street, affice bldg , etc	]						
		13 otton	dad the deceased f	ram T	uly_3 19	60 to T	111z 10	10 60	) that fil	1 (wa) last		
					ath accurred at 2/1							
220 SIGNATURE	A. M.		4 *	noi de	dill docurred di 223	791, 11 GH	nie cooses un	d dir ine	dule sidi	22b DATE		
11.1	your	202	la	М		IED.	STAFF PHYS.			SIGNED		
22c PHYSICIAN'S NAME (Type)	1				22d. ADDRESS							
	WALTER J.	PIJAN	WSKI, M.D.		VAH FT HO	WARD D	IV. BALT	0 18,	Md			
23a BURIAL, CREMATIO	ON, 23b. DATE THERE	7	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCAT	ION (City, town, o	er county)	(5	tote)		
REMOVAL (Specify Burial	1/22/	60	Baltiamor	e Na	tional	Bal	timore M	arylar	nd			
24, FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25g REC'	D BY REGISTI	RAR 2Sh REGIS	STRAR'S SIGI	NATURE			
Arlington	S Philling	1808	N Monroe Ci	- Da	to MA DATE	UL 26 1	ou a	rthur S.	Threed			

VR A1S (4) 1SM 9/59



VS A15 (4) 15M 10/57

		MARY	AND	STATE DEPART	MENT C	F HEALT	H-BAL	TIMORE, I	8		
		774	)	CERTIFIC	ATE C	F DEAT	Н		Reg. Dist	()77.	\$3
1,	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	II a STA	RESIDENCE (W		l lived If institution b. COUNTY	on Residence Balti		missi <b>on)</b>
	RURAL and give n		ls, wrile	2mth12dvs				role limits, write RI		ve nearest i	own)
	d. NAME OF HOSPI OR INSTITUTION	tonsville TAL (If not in hospitol, g ROVE STATE			3d S7	Baltimon REET ADDRESS 36 Danie		0	11.02 7	OI	RESIDENCE N A FARM?
-	NAME OF DECEASED (Type or print)	Fii Vir gi	_	Middle Drury	Henne	lost man	4. DATE OF DEATH	Mon July		Doy 5	Yeor 19 60
5. :	female	6 COLOR OR RACE White	7 MARE	RIED NEVER MARRIED	8. DATE O	3, 1915	_	9. AGE (In years lost birthday)		YEAR IF UI	NDER 24 HRS
	house FATHER'S NAME	wife	done 10b.	KIND OF BUSINESS OR IN	14. MO1	Maryland HER'S MAIDEN	NAME		U.	S. A	AT COUNTR
	Willia WAS DECEASEDEV No. or unknown nknown	III H. WOLfe ER IN U. S. ARMED FOR (I' yes, give wor or dores of s			INFORMAN Record			in Garn  Addi	ress	SPTT A	7
Z	Conditions, if a gove rise to a couse (a), stating lying couse lost.	the under-	)	a a	w 5 e						
CERTIFICATION	200 ACCIDENT W.	AS UNDERLYING []  G [] CAUSE OF DEATH  MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR					EN IN PARS	PEF	FORMED?
MEDICAL	20c. TIME OF INJUI Hour v. m. p. m.		20d. If While of work	Not while	PLACE OF IN. factory, street	URY IHome, form office bldg., etc	m, 20f (City	or town)	(Cod	unty)	(State)
		at I attended the	deceas , 12	ed from April 60, and that dec		60 , 10 d 01 <b>5:</b> 50p SPRING		5 , 1960 the causes a reel, city or town, STATE	nd on the	date st	
	PHYSICIAN'S NAME (Type) A		Μ.	Simofou				8, Maryl			
F	BURIAL CREMATIC	7/7/60	F	Baltimore	or cremato			more, M		(5	lote)
23.	FUNERAL DIRECTOR	3 SIGNATURE	41	18/Edn	orols	240. REC	INT 8		TRAN'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Film

after death.



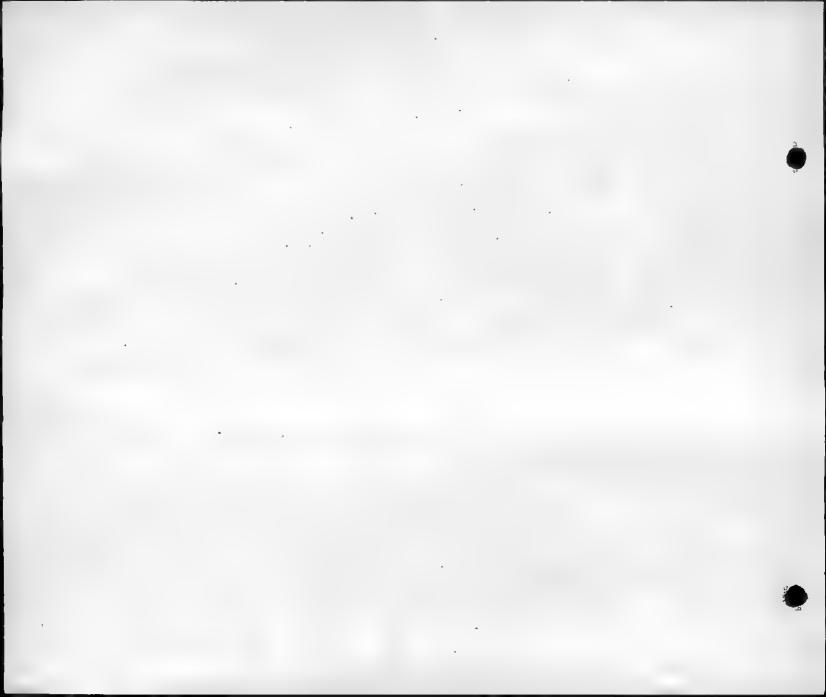
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived if institutions Residence before admission)
	٥	Boltimore MARYLAND O. STATE Maryland b. COUNTY Baltimore
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
		Relay 35/rs P/Relay
,	d	H NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
		1739 Elm Ave. 1739 Elm Ave. YES NOTE
	3. N	NAME OF First Middle Last 4. DATE Month Day Year
		Type or print) Ada E. Hunter DEATH July 7 1960
	5 S	THE RESTRICTION OF THE PROPERTY OF THE PROPERT
	13	emale White WIDOWED DIVORCED   Sept. 13, 1885 74 yrs. Months Days Hours Min.
	10a	USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUCE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?  during most of working life, even if retired)
		Housework Ownstome Maryland 4.2.4.
i	13. 1	FATHER'S NAME
	8-	John K. Mattield Pannie B. Hattield
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  To, or upknown) (1 yes, give war or doles of service)
		No Cloyton Munter 1734 KIM HUE.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Con ses two Failure
		DUE TO 1 .P // L
		Conditions, if ony, which) winterio sclerilie Spart Lisease.
		gove rise to immediate couse (a), stating the under-
		lying couse lost. (c)
	<u> </u>	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	⊴	ungena se Tous. Or morande of Onfaction YES NO
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enternature of injury in Port I or Port II of Jem 18.)  OR CONTRIBUTING   CAUSE OF DEATH
		(IF EITHER, NOTIFY MEDICAL EXAMINER)
	WEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) foctory, street, office bldg., etc.)
	₩.	p, m. 19 at work at of wark
		21 1 certify that (1) (this haspital) attended the deceased from . 7/1 . 1927 . to
/		saw the deceased guive an
	- (	ATTENDING MED. STAFF 226 DATE SIGNED
		M.D. PHYS DIRECTOR DI
	11	NAME (Type) SAI Francisco Land Rolling
	22	TO THE MO
	230	BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (5°01e)
٠,	24	BURES 7/9/60 PUPER SPRINGSCHM. 1944. Rey, Howard Maryland Funeral Drector's Signature Address 250. Rect By registrar's Signature
1	1	
1	4	mbrest his 1378 Sulphier Springly DATUL 12'60



funeral

filled

puo

DIRECTOR:

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



filed with

96

plnods

puo

Poges

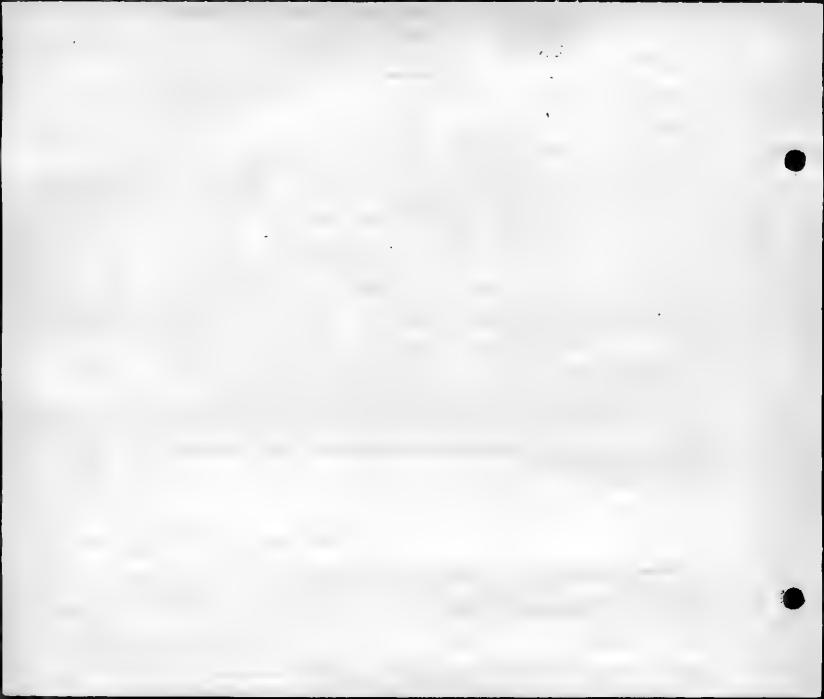
permit.

DIRECT

TO NUNER

3 should be gistror prior

page



グウミウ

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0772	8
------	---

				00000
1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Marvla	b. COUNTY	tion Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
RURAL and give nearest tawn) CatchSville	lyr3mth26dy	Baltimo		2 V /
d NAME OF HOSPITAL (If not in hospito) give street		d. STREET ADDRESS		e IS RESIDENCE
OR INSTITUTION	PITAL	1701 Eutav	בחבוק נ	ON A FARM?
	LTTMT	TIOT BROWN		YES NO
3 NAME OF DECEASED (Type or print)  Louis	Middle	Jacobs	4. DATE Mo OF DEATH JU]	
S. SEX 6 COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B DATE OF BIRTH	9, AGE (in years lost birthday)	
male white woow	ED DIVORCED	Aug. 20, 189	92 67 75	Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) DhySician	internal medic	ine Maryla	nd	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		1
Benson Jacobs		Sarah (	Grockin	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 H	NFORMANT		dress
(Yes, no, or unknown) (If yes, give wor or dates of service)	( ) = =1			
		cords: SPRI	G GROVE STATE	
Conditions, 'f any, which gove rise to immediate cause (a), stating the under-	ronary thrombo		ar dis <b>aase</b>	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS OF				IVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO 2
	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	CONT LOS FORT II OF HERM ID )	
Hour o.m. While	for the same of th	ACE OF INJURY (Home, form ctary, street, office bidg., etc.	, 20f (City or town)	(County) (Stat
21 I certify that (1) (this hospital) attends sow the deceased alive on July 1	led the deceased from. 4 19 60, and that's	March 18 19 death occurred at 3:	59 , to July 11; W fram the couses a	nd on the date stated above
220 SIGNATURE	1 cheler		ED. STAFF RECTOR PHYS.	7-14-60 22b. DATE
22c PHYSICIAN'S NAME (Type) Stella Wachsler, M.	D.	224 ADDRESS SPR	ING GROVE Stons ville 28.	TATE HOSPITAL
230 -BUR AL, CREMATION. 236 DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O		23d LOCATION (City, lawn	or county) 35 (Stole)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDROS	(A )		SISTRAR'S SIGNATURE
MERIC LEWUS YOU SAI	co (Chilas	DATE &	IUL A 8 '60 4	Chillier . E. Thomas

TO HOST OF ATTEMENT TITYLICENS: The flow equires that the death certificate be executed within 2. The death Page 4 may be reliable by the haspital as attending physician.

THE FINE BELLEGIES. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove action papers. Pages 1 and 2 should be fitted with the State Board of Health prior to burial, cremation, or removal, and in any every within a hours after death. VR A18 (4) 15M 9/59



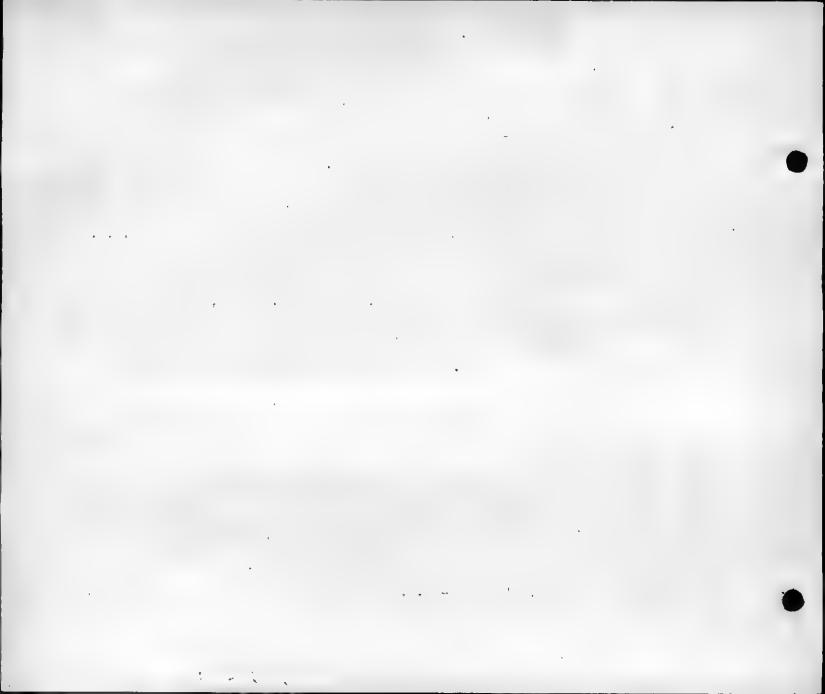
. 500	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
_ /\	7754  Item 16, telephons call To The Funeral Home 7/21/30.07729  CERTIFICATE OF DEATH  Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased used If institution Residence before admission) D. STATE  B. COMNTM.  B. COMNTM.
M	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSP TAL (If rol in hospital, give street oddress)  d. STREET ADDRESS  DV (1 - 9)  e. IS RESIDENCE ON A FARM? YES NO IN
	3 NAME OF DECEASED (Type or print) Print E 1 1960
	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED 10-18-1881 Months Days Hours Min
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  12 CITIZEN OF WHAT COUNTRY:
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. MOTHER'S MAIDEN NAME  17. MOTHER'S MAIDEN NAME  18. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME
	15. SYAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT/ (Yes, no. or unknown)  (If yes, give wor or detes of sarvice)  215-24-8637 Coretting Through 1606 Baseline 3 Core
	18. CAUSE OF DEATH [Enter only one cause per line for (a), [b), and (c) ]  PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a)
	5 0 DUE TO
	gave rise to immediate cause (a), stating the under- lying cause lost.  (b)  DUE TO
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) \$39, WAS AUTOPSY PERFORMED?  YES NO ATT
	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)    Power of the control of the c
	21. I certify that I attended the deceased from DEC. 28, 1946, to 124 18, 1960, that I last saw the deceased alive on 1444 18, 1960, and that death occurred at 9:11 05M, from the causes and on the date stated above
ri e	ACTUAL ACTUAL ACTUAL OSSULEY M.D. 2436 Washington Blod DATE SIGNED
	PHYSICIAN'S C. Arthur Rossberg, M.D. Baltemore 30 Wandavel
	BURIAL CREMATION, 276. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)  Burial (Spec (y) 7-20-60 Location Park Ren Fieldersh Rd Balle Inc.
1	Edward Joulean 2354 wash Blood Ballotte 21 60



**CERTIFICATE OF DEATH** 

(1773) Reg. Dist. No.

_										-			
1	PLACE OF DEATH	altimore		MARYL	AND	2 USUAL RESIDE a. STATE Mar	ylan	ere deceased	Llived (f institution b COUNT		dence befor	re odmission)	/
Г	b CITY OR TOWN (I RURAL and give no	f outside corporate limiterest town)	ls, write	c. LENGTH OF STAY IN	V 16				rote limits, write	RURAL or	nd give nec	rest fown)	
L	To	noawc		7 yrs		Balti		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	111	1	7	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Maris Hosp	ive street o	oddress)	ļ	d. STREET AD						ON A FAI	RM?
F		Maria Host	7200			3012 E	dmon	dson A	veme			YES N	0 🗍
3.	NAME OF DECEASED (Type or print)	Virginia		Lee	J	refferies	3	4. DATE OF DEATH	Jul	onth Y	10		
S	Female	6. COLOR OR RACE	7 MARR	ED NEVER MARRIED  DIVORCED		10/28/1	.867		9 AGE (In year birthdoy ye	Month		Hours	Min.
) [10	10a. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)  Seams tress  12 CITIZEN OF WHAT COUNTRY?  U.S.A.												
13	. FATHER'S NAME					14. MOTHER'S A							
	Isa	ac Potee				£	lnna	Wolf					
1: 		R IN U.S. ARMED FOR [If yes, give war or dates of s	HVÍCE)	SOCIAL SECURITY NO	1	iformant . Mar Tar c	et E.	. Grac		ddress Vin(	dsor	Road	
	Conditions, if o gove rise to in couse (a), stating lying cause last.	the under (c	62	orona neraliza Renal	ry Ed	Arton, lace.	C/. 105. Ula:	US/	on Ticl	larch se	c -	10 y	22 VS
CATION		IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO 1	THE TERMI	NAL DISEASE	CONDITION	HVEN IN P	'ART 1(o) 1	PERFORMI	ED?
214037		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	). (Enter nature of	injury in f	Port I or Part	Il of item 18 )				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yeo	While	NJURY OCCURRED 2  Nat white at wark	Oe PLA foc	CE OF INJURY (Hotory, street, affice I	ome, form bldg., etc.	, 20f. (City )	ar town)		(County)		(Stote)
,	ACTUAL SIGNATURE	Charles F.	12.	P	rel.	occurred at.,	115	M, fram	the causes reel, city or low	and ar		te stated	
2	PREMOVAL (Specify)	7-13-60	if	22c. NAME OF CEMET Ht. Olive					ON (City, lawn	, or count	у)	(Stale)	o man de distince constitue e
	illiam Coo	s signature ok, Inc., 12	217 9	ADDRESS St.Paul 3tr	eet		24c REC'S	BY REGIST	160 24b. REG		SIGNATUI		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

#### CERTIFICATE OF DEATH

07731

	CERTITION	TIE OI DEATH	
1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived If institution Residence before admissing a STATE	20)
BALTIMORE	MARYLAND	MARYLAND b. COUNTY	V
b. CITY OR TOWN (Fouts de corporale limits, s RURAL and give nearest tawn)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
FORT HOWARD	654 DAYS	BALTIMORE	
d NAME OF HOSPITAL (If not in haspital, give OR NST.TUTION	street address)	d STREET ADDRESS  e. IS RES! ON A	PARMS
VETERANS ADMINISTRATI	ON HOSPITAL	733 GREENMOUNT AVENUE	NO
3. NAME OF First	Middle	Lost 4. DATE Month Day Y	ear
(Type or print) WILL	AM E	JONES DEATH JULY 19 1	9 60
5 SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR" IF JNDEI last birthdoy)  Manihs   Days   Haurs	R 24 HRS Min
MALE COLORED W	IDOWED DIVORCED	FEBRUARY 23 1891 69yrs 69yrs	PVIIII
<ol> <li>USUA: OCCUPATION (Give kind of work don during most of working life, even if retired)</li> </ol>	e 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DJNTRY
during most of working life, even if retired) JANTTOR	HOTEL	BALTIMORE MARYLAND USA	
3 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Tillie Jones	
5. WAS DECEASED EVER IN J. S. ARMED FORCES (Yes, no. or unknown) 1 (If yes, give wor or doles of service)		NFORMANT Address	
Yes (11 yes, give wor or doles of service Yes WW I	Unknown Cl	in Rec Vet Adm Hosp Baltol8 Md Ft Howard	Din
1B CAUSE OF DEATH [Enter only one couse		INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	BRONCHOPNEUMON	VIA 1 wee	
LL DI L DUE TO			
Conditions, if any, which ) (b)_			
gove rise to immediate DUE TO			
lying couse lost. (c)			
PART II OTHER SIGNIFICANT COND T	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A PERFO	UTOPS
Cerebral infarct.	old: Marked Gener	alized Arteriosclerosis	
200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED (Enter nature of injury in Part I or Part II of item 18.)	
		LACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote
Haur o. m.	While Not white	actary, street, affice bldg., etc.)	
21 I certify that (所(this haspital) a	attended the deceased from	October 4 1958 to July 19 1960, that (tx)	رما امر
saw the deceased alive on July			
220 SIGNATURE	2 / Ond mor		DATE
1 tof "	pr	M D PHYS DIRECTOR PHYS 7	120
22c PHYS CIAN & March	u Hu	22d ADDRESS	
NAME (1709) WALTER J. P.	IJANOWSKI, M.D.	VAH BALTO 18, MD FT HOWARD DIVISION	
30 BUR AL CREMATION / 236 DATE THEREOF	23c NAME OF CEMETERY		1
REMOVAL (Spec fy) 7-22-60			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
		DATE IN DC 180 Cally of Known	
Elroy O Wilson 2004 O	rleans St Balto M	6	

TO HOSY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to softer death. Page 4 may be used by the haspital or attending phys.cian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian ar remayal, and in any event, within X2 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

ヴウミウ

CERTIFICATE OF DEATH

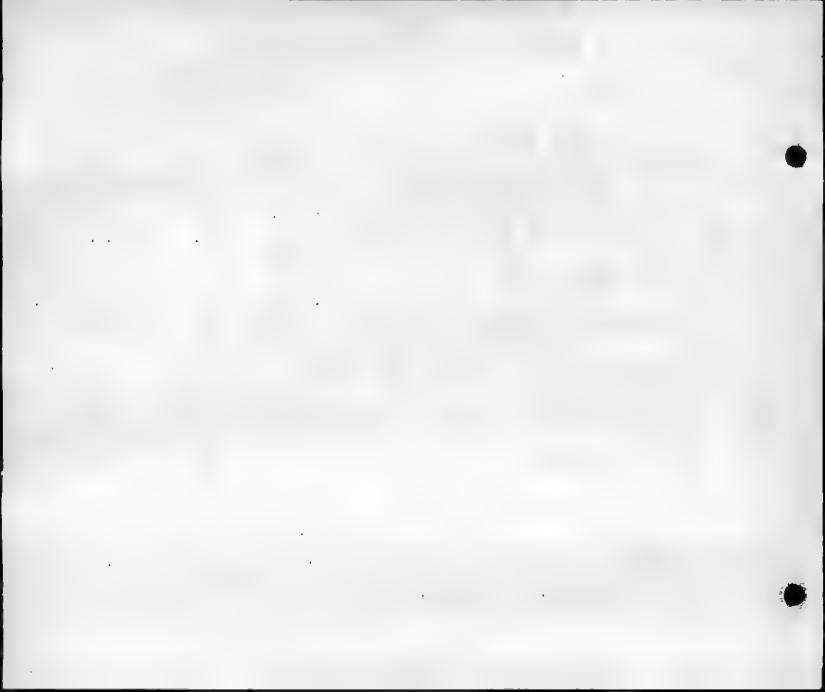
07732

	6 6 1) 4	Jhan		3 24							
PLACE OF DEATH	altimore		MARYLA	- 1		ENCE (Who		b. COUN		ce before a	dm ssion)
b CITY OR TOWN	(If outside corporate limits	, write   c. L	ENGTH OF STAY IN	16	c. CITY OR T	OWN (If or	utside corpoi	rote limits, write	RURAL and g	give nearest	town)
NOTIFIE ONG BIS	OWEON				Balt:	imore			. 1.	1 8	1
d. NAME OF HOS	PITAL (If not in hospital, giv	ve street oddre	ess)		d. STREET AI	DDRESS		-	J 4 4	a 19	SRESIDENCE ON A FARM?
	Presbyterian	Home			5006	Denme	ore Av	0.			ES NO
3. NAME OF DECEASED (Type or print)	First		Middle P		Last		4. DATE OF DEATH		July 8,	Doy	Yeor 19 <b>6</b>
S. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B. C	ATE OF BIRTH	1		9 AGE (In year			UNDER 24 HR
Female	White	WIDOWED 🔁	DIVORCED [	J J	uly 4,	1873		40.00	rs. Months	Doys He	ours Min.
Oa. USUAL OCCUPY during most of v	T ON (Give kind of work do rorking life, even if retired)	one 106, KIND	OF BUSINESS OR I	INDUSTRY		ACE (State of		ountry)		U-S.A	HAT COUNTR'
13. FATHER'S NAME	<u></u>			1	4. MOTHER'S					0.000	•
Ham	an Waydelin				(	le the	rine G	il et			
IS. WAS DECEASED	VER IN U. S. ARMED FORCE		IAL SECURITY NO.	17. INFO		AK MIG	TITO		ddress		
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)		Pr	esbyter	rien l	- Ame	Townsor	Mary	land	
1B. CAUSE OF	DEATH Enter only one cou	se per (ine fo	r (o), (b), and (c) 1		000 9 002		TOMO	AURBUL	- Mart A	NTERV/	AL BETWEEN
	EATH WAS CAUSED BY:		REBRAL		THRO	M Bc	5,5				AND DEATH
-	IMMEDIATE CAUSE (o)		<del>-</del>								
Conditions, s	t annual tab.	Gi	NURAL	13	1)	H B	1116		/2	١,	41 . 8
gove rise to	immediate (	7	100,000	12	n free	. 1	1 22 16				- 1 + 1
couse (a), stati	ing the <u>bilder</u>										
	other's gnificant cond	ITIONS CONT	RIBUTING TO DEATH	+ BUT NO	T RELATED TO	THE TERMS	NAL DISEASI	E CONDITION (	G VEN IN PAR	T 1(o) 19 V	WAS AUTOPS
PAAT II O										P	ERFORMED?
	WAS UNDERLYING  NG CAUSE OF DEATH OF MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCC	URRED (	Enter nature of	finjury i <b>n F</b>	ort I or Port	t (I of item 1B)			
20c. TIME OF IN	10	While	Y OCCURRED 20 Not while of work		OF INJURY (it street, office			or fown)	(0	County)	(Stot
21   certify	hat (I) (this hospitat)	attended	the deceased fr	am .	1.30	. 19	of to	1474.29	5 . 19 6	o. that	(I) (we) la
	eased alive an 🜙 🍕										
220 SIGNATURI			/	rai aca	The decented	0.1133.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1110 000000	and an inc	2 0010 311	22b. DATE
-1	di. , 1 ?	10		M,D	ATTENDING	ME ME	D RECTOR	STAFF PHYS			SIGNI
22c PHYSICIAN	5 //	-	7		22d. ADDRE				2 14		
NAME (TYPE	Sidney J. Vena	ble, Jr	•		172	5 5	61.0	17/	14	1 3	12 1 1
230. BURIAL, CREMA	TION, 23b. DATE THEREOI	23	NAME OF CEMETE	RY OR C	REMATORY		23d LOCA	TION (City, fow	n, or county)		(Stote)
REMOVAL (Spec			Louden	Par	V-		Be 1	timore.	Maryl	end	
24, FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			2So REC'S	BY REGIST		G STRAR'S SIG		
John O. Mi	tehell & Son	s, Inc.	. 1900 Eut	AW P	lace	DATELL	1 2 !60.		Ung & H		
						-144	- C-DU-		Just - James	AALLAL	

VR A15 (4) 1SM 9/S9



15M 10/57



il director, filed with

å

should

ond

by 12

and

۾

certificate has been signed by e as the burial-transit permit. Ition, ar remayal, and in any

0

MOVE

funeral

ofter death: Page





**CERTIFICATE OF DEATH** 

07735

										wall prom		
1. PLACE a. CO	OF DEATH UNITY	Baltimore		MARYL	- 11	o. STATE	aryla		lived, If institution b. COUNTY		before admir	sian)
ь. Cif Rul	RAL and give nee	outside corporate limit arest town) SSEX #21	s, write	c. LENGTH OF STAY II	N 16	S. 11	OWN (If o	#21	ote limits, write R			m}
d. NA OR	ME OF HOSPITA INSTITUTION 1812	at (If not in hospital, gi		n -		d. STREET A		idJleb	ourgh Rd		ON	SIDENCE A FARM?
3. NAMI DECE/ (Type	OF ASED or print)	Kat	İΕ	Middle	Ki	25110		4. DATE OF DEATH	/ Mon		Doy	Year 19 60
5. SEX		6. COLOR OR RACE	7 MARR	RIED NEVER MARRIES	0 0	DATE OF BIRTI	4	1	9. AGE UN years	IF UNDER I Y	EAR IF UND	
Fe	male	White	WIDOWI	ED DIVORCED		Jan. 2	1, 18	83	lost birthday)	Months De	ays Hours	Min
10o. USU	AL OCCUPATIO	N (Give kind of work d ng life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTI			or foreign co	untry)	12. CITIZE	N OF WHA	COUNTRY
-	Housewi			Home		M	arvla	nd		U.	S.A.	
13. FATH	ER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
	Ţ	Inknown					Unkn	own				
15 WAS		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	17 INF	ORMANT			Addr	931		
	No		,	None	He	rman Ki	eslin	6.	Same			
gov cou lyin	nditions, if on re rise to im se (a), stating th g cause last.	mediate DUE TO	AY1	terios ct					Dise	ase	5 m	w
OLY 200				CRIBE HOW INJURY OC						EN IN PART 1	PERF	AUTOPSY DRMED?
	THER, NOTIFY A	CAUSE OF DEATH										
WEIICAL 20c. 1	Hour a.m.	Month, Day, Yea	white	Not while	focto	E OF INJURY E ry, street, office	tome, farm bldg., etc.	20f (City	or town)	(Cou	nty)	(State)
ACTI SIGN	JAL JATURE J	at attended the	decease _, 19_!	1 2 /	leath a	سف خالاتانان			He causes a set, city or town			
	WE (Type)	Mb Dare Turner		les								
REM	IAL, CREMATION OVAL (Specify) UPIAL	22b DATE THEREOI		22c. NAME OF CEMET					ON (City, town, o		(Sta	te}
	BAL DIRECTOR'S	The Collection	2/2 2 Ha	Mt/Carm ADDRESS stern Ave.	eT (	emetery		BALT BY REGISTR UL 1 2 1		aryrland Trar's Signi Whun 2	ATURE	
a. /	- 446	الك الأساليات الكوكولة في المؤسس منك ا	a	O OCTATA TATE 8								

VS A15 (4) 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No 2 USUAL RESIDENCE (Where deceased I ved If institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Maryland Balto Health, MARYLAND Raltimore b. CITY OR TOWN (+ outside corporate C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) parkville ~~~R#Itimore--rura] Baltimore-rural 40 d STREET ADDRESS e 15 RESIDI d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) ON A FARM 2803 Linganore YES NO inaanone 3. NAME OF DATE Middle Month DECEASED 1960 July Maude Kohlhepp DEATH (Type or print) Leonora 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF B. RES. 9. AGE the years IF UNDER TYEAR! IF UNDER 24 HRS followithdoy) female Months Hours | M'n WIDOWED DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? oge dusing most of working lie, even if retired) housewite 13. FATHER'S NAME Hattie Dreting 16 SOCIAL SECURITY NO 17 INFORMANI Annabelle E Price (cousin) same INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). DNSET AND DEATH PART I, DEATH WAS CAUSED BY Stroke IMMEDIATE CAUSE (0) DUE TO Cerebral vascular Accident immed Conditions, if any, which gave tise to immediate couse DUE TO Hyperternsive Cardiovascular Disease undet (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED2 NO. 70g, EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection for Inquiry of opinian death resulted fram: Natural causes of, Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER should be **EXAMINER'S** John C Hyle DEPUTY MEDICAL EXAMINER NAME (Type) 220. RURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify emeteru buria 0 740 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. 第15家E PAMEL 1 1 '60 3 Soldier & France 5M 2/57



VS A15 (4) 15M 10/57

Ì		
	ゼ	
200	3	-
5	e E	1
2002	200	-
100	2 sho	
5	and 2 shou	di
present one completely filled in by the longing different.	es l	
_	P.	)
2	pers.	200
3	n pa	er death,
5	arbo	fer
1326	7	Surs
	ease remove carbon papers.	72 h
5	edse	hin 7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7762 **CERTIFICATE OF DEATH** 

		177
_		0 6

									KAR' DIS	1, 140,	
1. PLACE OF DEATH o. COUNTY BS	altimore		, MAR	YLAND	2 USUAL RESIL		ere deceased	lived. If institu b COUNT	v	timo	
b. CITY OR TOWN RURAL and give	(If outside corporate neguest town)	imits, write	c. LENGTH OF STAY			odla		ote limits, write	RURAL ond g	ive negresi	I lown)
OR INSTITUTION	Colonial	l, give street Road			d'STREET A	DDRESS					S PESIDENCE ON A FARM?
7000	MINITAL	noau			180	<u>o uo</u>	lonia	1 Road	L		ES NO IS
3 NAME OF DECEASED (Type or print)		Franc	Middle Ses Iren		هه rickba		4. DATE OF DEATH		onth	Doy	Yeor 19 60
5. SEX	6. COLOR OR RAI	E 7 MAR	RIED NEVER MARR	HED TT 8	. DATE OF BIRTI	н	T	9. AGE (In year	IF UNDER	YEAR IF	UNDER 24 HRS.
Female	White	WIDOW	ED M DIVORC	ED 🗍	Apr.10	,187	4	lost birthdoy) 86 yr	Months	_	Dues Min
100. USUAL OCCUPAT during most of wo House - W	orking life, even it reti	rk done 10b. red)	KIND OF BUSINESS	OR INDUST			or fareign co	untry)			VHAT COUNTRY
13 FATHER'S NAME	A T T Q				114 MOTHER'S		15.445		L_U_a	S.A.	
	Daniels				1		Forn	av			
15. WAS DECEASED EV	ER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO	D 17 IN	FORMANT				dress		
(Yes, no. or unknown)	(If yes, give wor or dates	of service)	none	Mrs	.Charl	es Sa	adler			ial	Rd. (7
Canditians, if gove rise ta couse (a), stating lying couse lost	immediate DUE	(o)	Here	EATH BUT N	to de la sen ro	The Teball	NAI DISEASE	celero x	i	16.110	MAS AUTORS
[CAT									IVER IN PART	P	ERFORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEA' Y MEDICAL EXAMINE	20b. DES (H	CRIBE HOW INJURY O	OCCURRED	(Enler noture o	f injury in P	ort I or Port	II of item 18 )			
20c. TIME OF INJU Hour o m. p. m	JRY Month, Day,	Year 20d II White of wor		20e. PLA( focto	CE OF INJURY II	Home, form, bldg., etc.)	20f (City	or town)	(Co	ounly)	(State)
alive on	that I attended the state of th	/	7 leffe			12/64	M, from ADDRESS (SIN		and on th		the deceased stated above DATE SIGNED
220. BURIAL, CREMATII REMOVAL (Specify			22c NAME OF CEM					ON (City, town,	or county)		(Stote)
23 FUNERAL DIRECTOR	rs signature	1320	Lorrain TW. North	ase		240 REC'D	BY REGISTR		ISTRAR'S SIG		



TO HOSP

VS A1S (4) 15M 9/5S

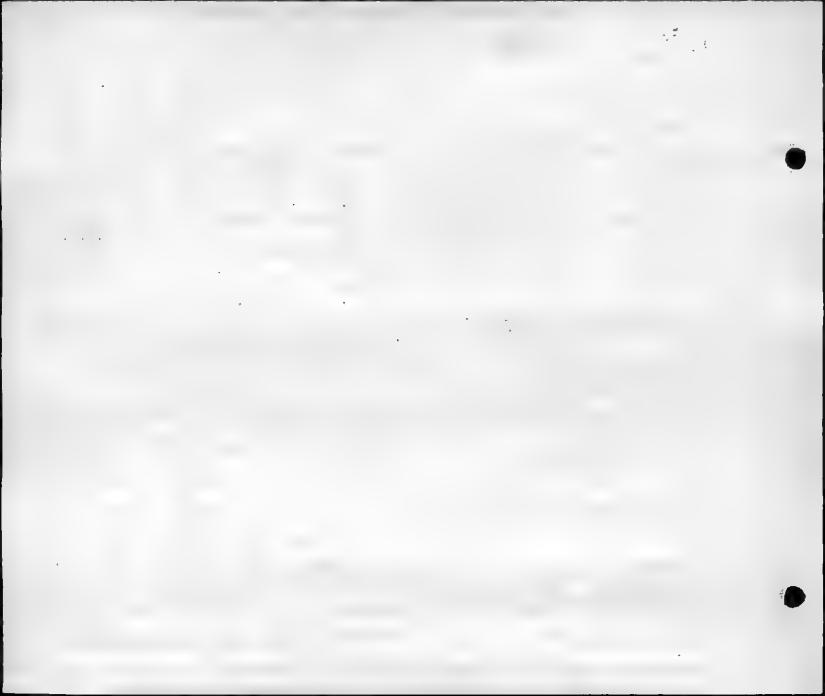
I

MARYLAND STA	TE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

**CERTIFICATE OF DEATH** 7763

07738

								• •
1. PLACE OF DE	Baltimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE grylan	here doceased live	d. If instituti b. COUNTY	on: Residence be	
b. CITY OR TO RURAL and	OWN (If outside corporate lim give nearest town)	its, write	c. LENGTH OF STAY IN 16	Baltimo		limits, write R	RURAL and give n	earest town)
d. NAME OF OR INSTITE	HOSPITAL (If not in hospital, ITION 5107 Kenvo	give street od A	address) Venue	5107 Ke	nwood n	venue		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Jo	nst hann		Lichnit	4. DATE OF DEATH	Jul		Pay Year 19 60
Female	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	Aug. 7, 187		GE (In years at birthdoy) yrs	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCC during most	UPATION (Give kind of work of working life, even if retired	done 105.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Slote Austri		yì		OF WHAT COUNTRY
13. FATHER'S NAI	we Istav Peach			Johanna	4	nown)		·
15 WAS DECEAS (Yes, no, or unknown)	ED EVER IN U. S. ARMED FO		- ,	hn F. Lachn.	t,3r.,5	107 K		venu,
Condition gave rise cause (a), s lying cause	to immediate DUE To taking the under-	) ) )	Volga CONTRIBUTING TO DEATH BUT	Molecum Enoral in TNOT RELATED TO THE TERM				
20a. ACCIDE OR CONTRIB	NT WAS UNDERLYING  UTING  CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II o	Filem 18.)	7.70	YES NO
How	INJURY Month, Day, Ye a. ji. p. m. 19	While		LACE OF INJURY (Home, form pictory, street, office bldg., etc.	n, 20f. (City or t	own)	(County	r) (State)
actual signature.  PHYSICIANY NAME (Type	MATION. 22b. DATE THERE	12 /B	a disconsistence of contract o	м.о. 2145	My fram the ADDRESS (Street, March 2)	e causes of city or your,	and an the distate)	saw the decease ate stated obave DATE/SIGNE
BURLAL,	7-8-60 Pecify)		Moreland Pr	rk Cometery	Balti	10r.	STRAR'S SIGNATE	
Nm. vook	,inc., 1217	St.P	aul btreet	DATE ME		1	ithur S. Ku	





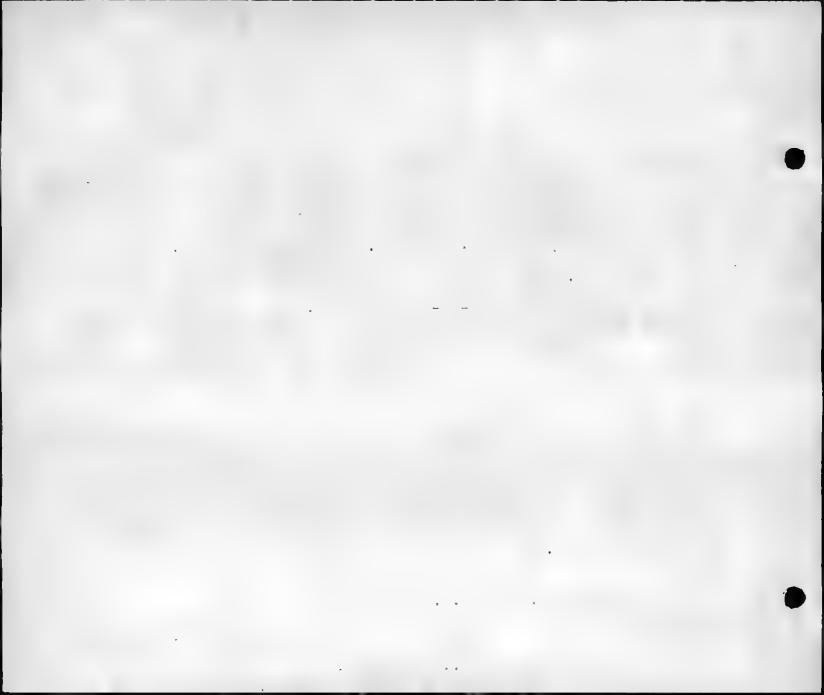
Vs. A15ME(S) 5M 9/55 S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7672 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

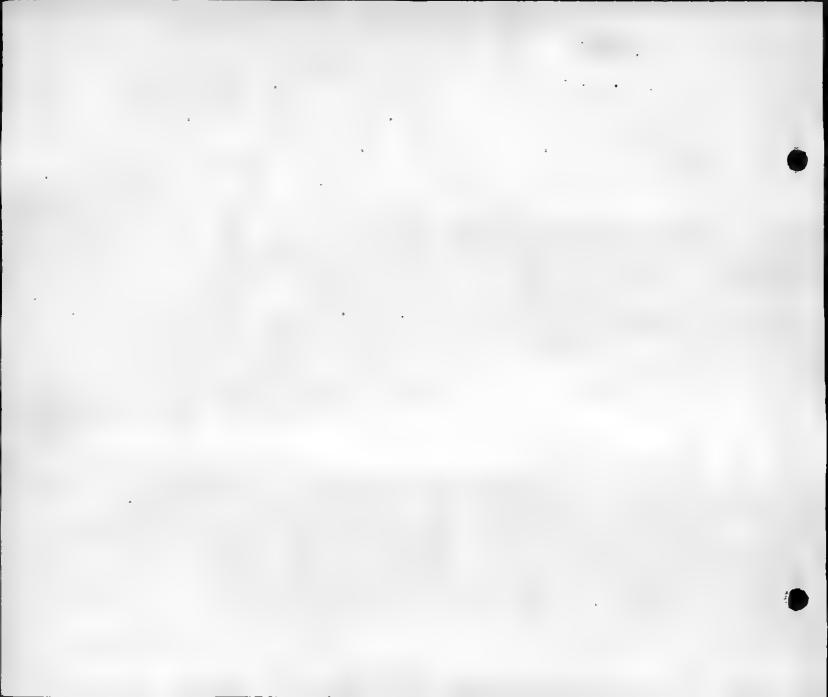
07740

Reg. Dist. No.

PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)								
o. county Bal timore MARYLAND	* STATE Maryland b. COUNTY Baltimore								
b, CITY OR TOWN (If outside corporate fimils, write BURAL on SENSTH OF STAY IN 1b and give nearfest foun)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
Dundalk (22) 19 years	53 Dundalk (22)								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RES DENCE								
1947 Walnut Avenue	1947 Walnut Avenue YES NO 52								
3 NAME OF First Middle	Last 14. DATE Month Day Year								
(Type or print) EDWARD CHARLES	LANGE DEATH July 30th, 1960								
S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years   IF UNDER 1YEAR   IF UNDER 24 HRS.								
male white widowed Divorced	June 25,1892 (68 yrs. Months Days Hours Min.								
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
Master Sergeant U.S.Army	Michigan USA								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Charles F. Lange	Caroline Stegemann								
	NFORMANT Address								
	Anna C.Lange same as #2								
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY:  MAMEDIATE CAUSE (p)	les of Mytanders=								
O23X DUE TO - OT									
Conditions, if any, which) (b) MML Walle	Mouphing + Honor								
gove rise to immediate cause (a), stating the underlying OUETO									
couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BYTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?									
PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT IN  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURPED (II)  201. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURPED (II)  202. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURPED (II)  203. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION TO DESCRIBE HOW INJURY OCCURPED (II)	YES NO 7								
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO	inter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA fact of work of wor	CE OF INJURY (Hame, farm, 20f. {City or town} (County) (State) ary, street, office bldg., etc.)								
21. I certify that I took charge of the remains described abo	ve, held an Autopsy [], Inspection [], Inquiry [] and find that								
deoth resulted from: Natural couses . Accident . Sui	cide 🔲, Homicide 🔲, Undetermined cause 🔲.								
mana	DATE SIGNED								
SIGNATURE ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER									
EXAMINER'S NO. 2	ASSISTANT MEDICAL EXAMINER □ 8/1/60								
NAME (Type) Melvin B. Davis, M. D.	DEPUTY MEDICAL EXAMINER								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or county) (State)								
Burial 8/3/60 Baltimore N									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
Walter Brooks Bradley, Inc. Dundalk	22. Md DATE AUG 2 '60 Clother & the								



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) director. rea. COUNTY b. COUNTY Baltimore MARYLAND arm ittra b CITY OR TOWN I'l outside corporale limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negresi town) Firesville P estille d NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address] d STREET ADDRESS e IS RE DENCE ON A FARM? er ille YES NO 3 NAME OF 4 DATE Month Yeor DECEASED (Type or print) DEATH St psch 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. (out birthday) Months Male WIDOWEDT DIVORCED [ 10c. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Zi ion in Ice Id 11.3.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME with form File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) burial-transit Office DUE TO Canditians, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause fost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALITOPSY PERFORMED? NO N 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Fort II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING O CAUSE OF DEATH. 20d INJURY OCCURRED 20= PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year factory, street, office bidg, etc.) al work of wark LIKEVILL 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry . opinion deoth resulted from: Notural causes 💢. Accident 🗒, Suicide 🗍, Hamicide 🗍, Undetermined manner DIREC DATE SIGNED MADE NO. CHIEF MED CAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO FUNE 22d LOCATION (City, fown, or county) 220 BURIAL CREMATION, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 2 HELIAG REC'D BY REGISTRAR JOW HILL - Cryland 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE VS. A15ME DATE JUL 1 8 '60 5M 2/57



MA

MMCC

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

0.00	146.36		24146	KECOK	D3	_ ,	WP I I I	413
CEI	RTI	FIC	ATE	OF	D	EA	TH	

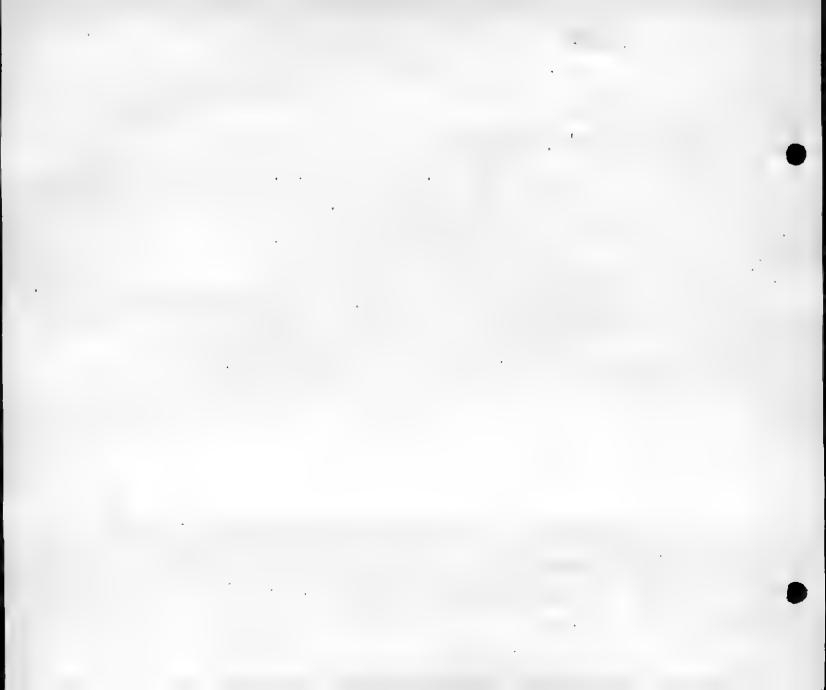
117749

		00		CERTI	ICA	IE OF	DEATH				**		n. 5.
	CE OF DEATH							here decease	ed lived. If insti	tution Res	sidence befo	ore admiss	sion)
0. (	COUNTY	Baltimore		MAR	YLAND	o STA1	Mary	land	b. COUN	ITY Ann	e Aru	ndel	- 1
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)						
		more-Rura	1			Pasa	ıdena					_	
d. N	NAME OF HOSPITA	AL (finat in haspital, go				d STR	ET ADDRESS					e. S RES	SIDENCE FARM?
		Shady Nook	Nurs	sing Home		208	Brookfi	ield R	oad				NO [
	ME OF EASED	First	1	Middle	B		Last	4. DATE	)	Aonth	D	Фу	Yeor
	se or print)	JOHN		S.		LIPS	COMB. SR.		$J_1$	alv	1		19 60
S SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED 🔲	8. DATE OF			9 AGE (In yes		IDER I YEAR		ER 24 HR
	ale		WIDOWED			- 4	14, 18		1 - 2	y) Mani	ths Days	Hours	Min
10a. US du	SUAL OCCUPATIO	N (G ve kind of work dong life, even if retired)	ane 10b. K	IND OF BUSINESS	OR INDU	STRY   11. 810	THPLACE (Stole	or fareign	country)	12	CITIZEN C	FWHAT	COUNTRY
1 —	etired Fa			Self		R	chmond	Virg	inia				
13. FAT	HER'S NAME					14. MOTI	ER'S MAIDEN	NAME					
W	infield	Lipscomb				Oc1	avia Pa	arsley	•				
IS. WA	S DECEASED EVER	IN U. S. ARMED FORCE	ES? 16 S	OCIAL SECURITY NO	17. IN	REGRMANT			-	ddress			Md.
Y	es	Spanish Am		None	M	rs. Ma	ry McNu	tt-20	8 Brook	field	Road	-Pas	aden
18	CAUSE OF DEAT	TH [Enter on y and cou	ise per line	for (o), (b), and (c)	10			4				ERVAL BE	
	PART IL DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	B	make	5 H	now	W-OW	LA			ON ON	SET AND	LAAF
	541	DUE TO	_	0			r					-1,/-	
c	onditions, if on	t line	1-1	ulmin	ar	7 4	111/21	lu.	2		2	A	241
9	ove rise to im	mediale (			4	1	777-0	1 .	. 0			- 10 -	7/3
	ouse (a), stating to ring cause lost.	he <u>under-</u> (c)	Dru	to deval	il	Lev	-ar	feni	Scler	ono			
Z	PART II. OTHI	ER SIGNIFICANT COND	IT ONS CO	ONTRIBUTING TO DE	ATH 8UT	NOT RELAT	D TO THE TERM	INAL DISEA	SE CONDITION	GIVEN IN	PART 1(a)		
ΙĒ												YES 🗍	ORMED?
E 20c	ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRE	D (Enter not	ure of injury in	Port I or Po	rt II of item 18 )				
SE OR	CONTRIBUTING : EITHER, NOTIFY A	CAUSE OF DEATH				,							
₹ 20c	TIME OF INJURY	Manth, Day, Year	r 20d IN	ILIRY OCCURRED	20e. Pt.	ACE OF INJ	JRY (Home, far	n. 20f. (Cit	Y or town)		(County)		(Stote
MEDIC	Hour a.m	10	While	Not white	for	ctory, street,	affice bldg., etc	c )	,,		(000)		(5 0.1
=	р. т.		at work	ot work	1	1110		7	7 77.				
21.	. I <b>certify</b> that	(1) (this haspital)	4	1 -		May	/2	OCHa.	July	.i 1		hat (I) f	
		ed alive and wy	<u> 2</u> 3	0_19(le) and	d that d	leath acci	rred at 1	.M. From	the causes	and an	the date	e stated	abave
220	SIGNATURE	· Par Ct	ml			ATTEN	IDING _ N	LED	STAFF		piller try	22	b DATE SIGNE
	Win	Holes +	ty -			M D PHYS.		RECTOR [	PHYS		1-	2-6	0
220	C PHYSICIAN'S NAME (Type)	wethe	rt	ee_	For	1 228 4	DORESS	§ St	r. Par	U ?	S., &	rich	Min 3
23a. Bu	IRIAL, CREMATION	23b DATE THEREOF	F	23c NAME OF CEN	ETERY O	R CREMATO	RY	23d LQC#	AT ON (City, low	n, or cour	nty)	(Sta <sup>*</sup>	de
B	MOVAL (Specify)	7/4/60		Loudon	Park	Cemet	ery	Bal	timore,	Mary	rland		
24 FUN	NERAL DIRECTOR'S	SIGNATURE	Lon	ADDRESS	_		25a REC	D BY REGIS	TRAB 256 RI	GISTRAR!	S, SIGNA	REA4	
10	71. y. 1.	المالية	FR. 10	De10	12	11	DATE	100					

DATE

TO HOS VR A1S [4] 1SM 9/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.



# FOR STATE HEALTH DEPT. Fles. rector. Pages n PM3. form should be forworded FUNERAL DIRECTOR: designated

3. NAME OF

MAIR

ACTUAL

SIGNATURE

EXAMINER'S

5. SEX

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on o COUNTY BALTIMORE o STATE b. COUNTY MARYTAND BALTIMORE MARYLAND b. CITY OR TOWN III outs de corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) and give nea as town) BALTIMORE RURAL BALTIMORE\*RURAL (ROSEDALE) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS e IS RESIDENNE ON A FARMS Kosedale 811+ ROSEDALE YES | NEWS First Middle 4. DATE Month Doy Year DECEASED (Type or print) GEORGE LUPUS DEATH JULY 74 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS 7150440 Months Hours WIDOWED [ DIVORCED | 100. USUAL OCCUPATION IG we kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, seven if retired) Setired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME iam aura Weig 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SQCIAL SECURITY NO 17 INFORMANI Address same 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN Brief PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION &MYOCARDIAL IMMEDIATE CAUSE (o) **DUE TO** ATHEROSCIEROTIC CARDIOVASCULAR DISEASE DUE TO

Conditions, if any, which unknown gove rise to immediate cause (a), stating the underlying couse last. PART H. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO R 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) PRIMARY [] = CONTRIBUTING [] CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Hour White Not white at work at work p. m.

A15ME 5M 2/57

0

DEP

John C Hyle

apinian death resulted from: Natural causes 3d. Accident ...

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Suicide | Hamicide |

7-14-60

NAME (Type) DEPUTY MEDICAL EXAMINER [7] DATE THEREOF 220. BUR AL. CREMATION. 1226 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

21. I certify that I took charge of the remains described above, held an Autopsy ...

22d LOCATION (City, town, or county)

and in my

DATE SIGNED

60

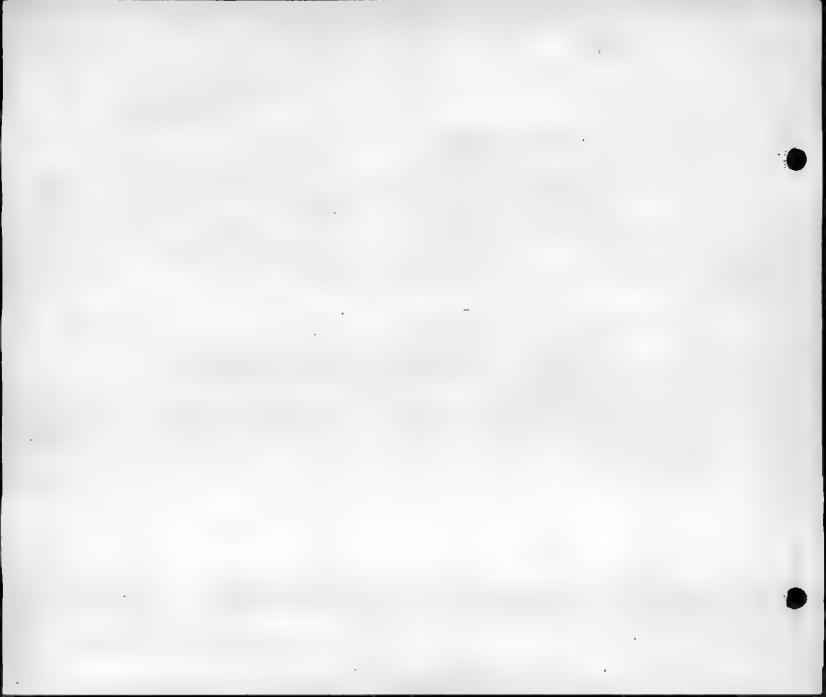
ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Ruck 5305 Hartord Road

940. REC'D BY REGISTRAR DATE JUL

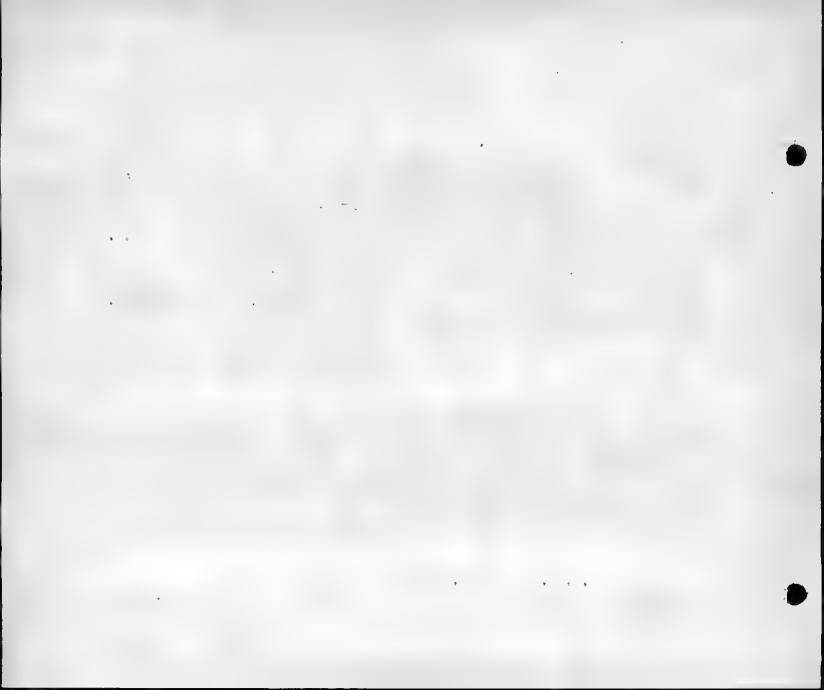
24b. REGISTRAR'S SIGNATURE

Undetermined manner

Inspection 3. Inquiry



3 %	1	7	em 18 Fili -15-Au am	CC.				NT OF HEALT				.07	744	,*
should be	(Ne		PLACE OF DEATH	Baltimore		MARYL	AND	2. USUAL RESIDENCE (V		sed lived. If Institu b. COUNT			ore admi	ssion)
Roge L		ì	Catonsv	If outside corporate limits, write	RURAL C.	tength of stay if	d1 N	e. CITY OR TOWN (IN Baltimo	outside cor	* 1	RURAL o	ind give n	earest to	vn)
director. iles.	N	L	Spring	TAL OR INSTITUTION (II Grove State		, give street oddress)		d. street address 1206 Towns	son St					SIDENCE A FARM?
for your fe registroi			NAME OF DECEASED (Type or print)	Edward Edward	1			lost lTney	4. DATE OF DEATH		ly 3	<b>,1</b> 960	) 1	·
d 3 to the retained fo		5. 9	Male	6. COLOR OR RACE White	WIDOWED [	DIVORCED	וכ	3-13,1896 14   11. SIRTHPLACE (State		9. AGE (In years lost by theory) Out yes.	Months	Days	Hours	ER 24 HRS. Min.
289		L	turing mail of works	ing life, even if retired)	one rop. Kind	OF BUSINESS OK III	400311	Maryland 14. MOTHER'S MAIDEN N	•	ountry)		S.A	WHAI	COUNTRY
Pages 1, 2, age 5 may a pages 1 o			Alb	ert Mc Burne VER IN U. S. ARMED FOR		IAL SECURITY NO.	17 18		?	A.I.I.				
Give Pag 3. Page 1. File pa		(Y45	Yes	(If yes, give war or dates of s	ervica)			ord of Hospi	tal	Catonsvi	lle l			
rm 18. orm PM t permit			PART 1. DEA	ATH (Enter only one cour ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		11111111 -	arc	iac failure				ONSE	VAL BETWE	TH TH
cil in fit g with t al-trons			58/. O Conditions, if a gove rise to imme	diote come	Hyper	tensive Ca	ırdi	o vascular o	diseas	e				
in penci ce along s o burio		z	(a), stating the couse last.	(c)_		cirrhosis		liver	NAI DISEASI	E CONDITION GIV	EN IN DA	OT 1/-1/16	34/46	LITORCY
pending" ner's Offic be used as	A	IFICATION	20g. EXTERNAL CA	USE WAS 20b				iter nature of injury in Port			EN IN FA		PERFO ES [2]	RMED?
ward "pe Examine shauld be		ICAL CERTIFI	PRIMARY   or CO CAUSE OF DEATH. 20c. TIME OF INJU					E OF INJURY (Home, form			10	ounty)		(State)
ing the Medical Page 3 s		MEDI	Hour o.m. p.m.	, 17	of the rem			ry, street, office bldg., etc.		spection .	lnau	in D	and f	find tha
cate, mriti the Chief ! RECTOR: !								ide, Homicide		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	QnQ 1	ing ing
# 50 W	J.		ACTUAL SIGNATURE	Geo.S. M. K	ieffer	M. b. l.		.M.D. CHIEF MEDICAL EX		R $\square$			DATE S	GNED
orwarded FUNERAL r removal		220	NAME (Type)	ON, 226., DATE THEREOF		MAME OF CEMETER	Y OR S	DEPUTY MEDICAL E	EXAMINER F	_			eio12)	1
5.50	**	23)	FUNERAL DIRECTOR	1-2-	600 1	ADDRESS .	post (	21 (5-77)	BY REGIST	Dac	12	,		
. A15ME(5) SM 9/55		'Z "	( Vec-	, I I force	c, . / We	( ter	<i>i</i> (	DATE UL	5 '60	) Cut	hur S.	thous		



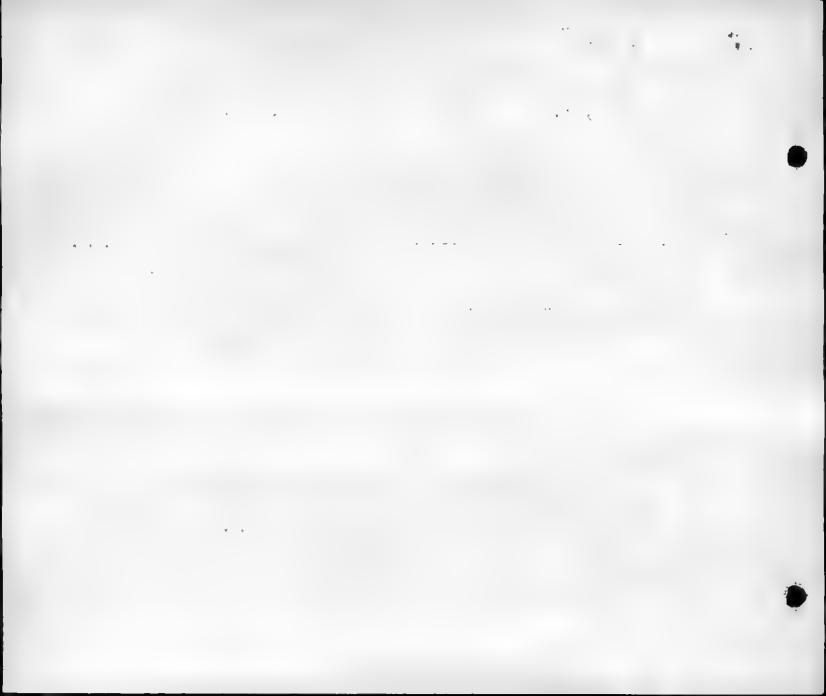
MARYLAND STATE DEPARTMENT OF HEALTH

physician attending

VR A1S (4)

15M 9/59

monkton c YCITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) IS RESIDENCE ON A FARM? YES NO Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12.CIT ZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🔂 NO (County) (Stote) ., 19\_\_\_\_, that (1) (we) last and that death accurred at 1:40, from the causes and an the date stated above LOCATION (City, fown, or county) (State) 25b, REGISTRAR'S SIGNATURE DATE JUL 11 '60 Orthur 9 Hours



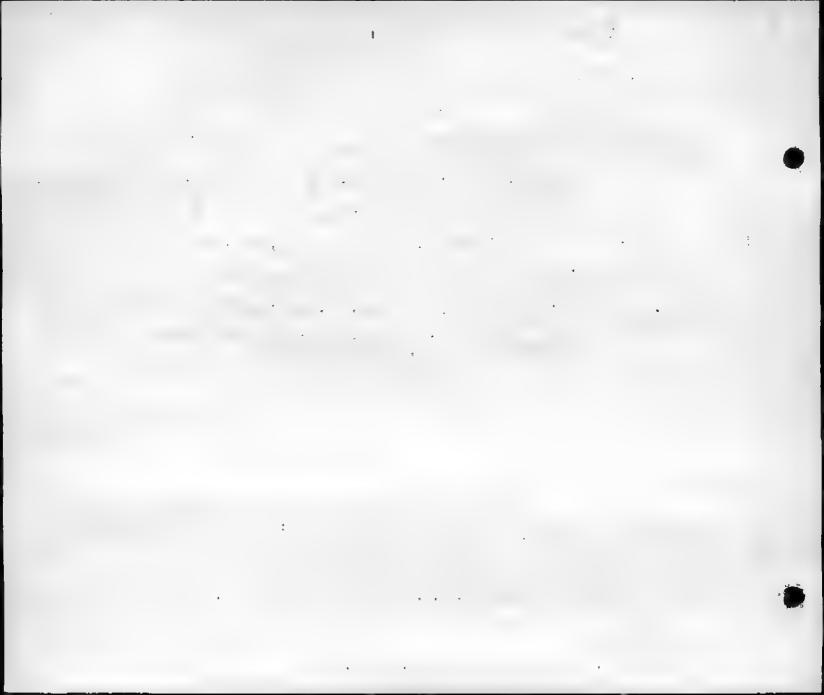
7770

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07746

1.	o. COUNTY BALT	IMORE		MARYLAN	ND	d fived If insti b. COUR		dence befo	are admis	ision)			
	b CITY OR TOWN (IF RURAL and give no FORT	outside corporate limi	rts, write c	LENGTH OF STAY N 32 DAYS	16	N N	OWN (IF (		rote limits, wri	te RURAL or	d give ne	arest tow	m)
	d. NAME OF HOSPITA OR INSTITUTION VETERANS	AL (if not in hospital, in ADMINISTRA!	~	•		d. STREET AD		ULLNEC	K ROAD			e IS RESIDENCE ON A FARM? YES NO M	
3	NAME OF DECEASED (Type or print)	ARTH		Middle	1/10	Lost CLYMON	31	4. DATE OF DEATH		Manth T.Y		оу 20	Year 1960
S	SEX	6 COLOR OR RACE		NEVER MARRIED		ATE OF BIRTH	<u>r</u> .	1	9. AGE (In ye	ors IF UND		4 × 1	ER 24 HRS
	MATE	WHITE	WIDOWED		_	INE 1	189	5	lost birthide	yrs. Month	s Doys	Hours	Min
10	USLAL OCCUPATIO	N (Give kind of work	done 10b KII	ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLA				12 (	TIZENO	F WHAT	COUNTRY?
	CARPENTER	ing life, even if retired		NSTRUCTION	CO	OAKR	TDGE	NEW	JERSEY		USA		
13.	FATHER'S NAME			412-11004-104		. MOTHER'S	MAIDEN	NAME	<u> </u>				
	WILLIAM M	CCLYMONT				CARR	E (t	UNKNOW	N)				
	WAS DECEASED EVER	IN U.S. ARMED FOI		CIAL SECURITY NO	17, INFOR	MANT				Address			
	YES	WW T		-24-5742	CLIN	.REC.V	AH BA	ALTO 1	8,MD FT	HOWA	RD D	TVTS	ION
		TH [Enter only one co	CARC	for (o), (b), and (c) ] INOMA STOMA	CH W	ITH MET	CASTA	ASES TO	REGIO	NAL		ERVAL BI	
		IMMEDIATE CAUSE (	31			AND LU						UNKN	IOWN
	Conditions, if an gove rise to in couse (o), stating t lying cause lost.	nmediate Our To											
CATION	PARY I. OTH	ER SIGNIF CANT CON		NTRIBUTING TO DEATH	BUT NOT	RELATED TO	THETERM	MAL DISEAS	E CONDITION	GIVEN N.P	ART 1(a)	PERF	AUTOPSY ORMED?
CERTIFIC		S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCC	URRED. (E	nter noture of	injury in	Port 1 or Por	t  1 of item 18	)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Doy, Ye	war 20d. INJ While at wark [	Nat while	e PLACE factory,	OF INJURY (H street, affice	ome, form bldg., etc	m, 20f. (Cit)	or town)		(County	)	(State)
	,	111	,	d the deceased from 19.60 , and th			81	75- AM -	July 29				(we) last
	22a SIGNATURE	11/16/11	men.		M D	ATTENDING	N	AED PRECTOR	STAFF PHYS	and an	ine du		2b DATE 7/25/9
	22c PHYSICIAN'S NAME (Type)	1		KI_M.D.		72d. ADDRES	is		d., Ft_	Howar	d Div	visio	on
23	BURIAL, CREMATIO	. 17		23c NAME OF CEMETE	RY OR CR		PE Y N.		TION (City, to			(Sto	
	REMOVAL (Specify) Burial	AUG.1, 1		Baltimore 1						imore		ryla	
24	FUNERAL D RECTORS	SIGNATURE		ADDRESS			250. REC	D BY REGIS	TRAR 25b R	EGISTRAR'S	SIGNATU	JRE	
1	Clarence 1	F. Hoffman	3218	Hudson St.	Balt.	o.Ma	DATEAU	IG 1 '6	0 0	Irilay.	8. Home	A.A.	

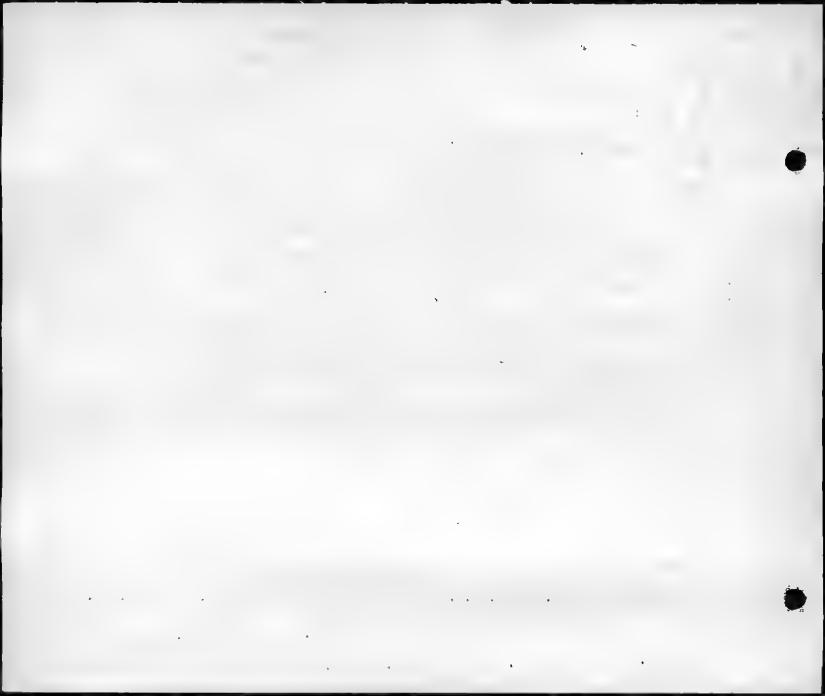
VR A1S (4) 1SM 9/59



VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7771 CERTIFICATE OF DEATH

7771	CERTIFICATE OF DEATH	Reg. Dist. No. 07747
). Place of Beath County Baltimore	MARYLAND 2. USUAL RESIDENCE (Whe	b. COUNTY TO PC hes Teri
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Rural: Towson 4	LENGTH OF STAY IN 16 C CITY OR TOWN (IF OU 13 months)	hide corporate limits, write RURAL and give nearest town)  Tural Cambr. 49 C
d. NAME OF HOSPITAL (If not in hospital, give street addron in STITUTION Eudowood Sanatori Towson L. Maryland		Paw Farm e IS RESIDENCE ON A FARM? YES TO NO []
3. NAME OF DECEASED (Type or print)  This is the second of	Hoseph me Cont	DATE Month Day Year DEATH July 3 1960
WIDOWED [		9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   last birthdoy)   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIN during most of working life, even if retired)  BIOCK 5700 176		Foreign country) 12 CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME Charles me	Court 14 MOTHER'S MAIDEN NA	ry me Call
	18-1/5/ Hospital Reco	1 History Address rds Eudowood Sanatoriu
1B CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY.	arcinoma of Bustate	, 3
Conditions, if ony, which (b)	Cerebre Knowlage	
couse (a), stating the under- lying couse lost. (c)		
CATI		IAL DISEASE CONDITION GIVEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? YES NO
UF CONTRIBUTING LI CAUSE OF DEATH	E HOW INJURY OCCURRED. (Enter nature of injury in Pa	
ZOC. YIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. 19 Of work	RY OCCURRED Not while of work  20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f (City or town) (County) (State)
21. I certify that I attended the deceased to alive an 12	from May 24, 1959, to 9	M, from the causes and an the date stated above
ACTUAL SIGNATURE MUSAM 13	To C. A	DDRESS (Street, city or town, state)  DATE SIGNED  7/3/60
PHYSICIAN'S NAME (Type) Milton B. Kress. 1	M.D. Eudowood Sa	natorium, Towson 4, Md.
Burial July 6, 1960	Moneland "emanial Pank	12d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE		BY REGISTRAR 246. REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7772

**CERTIFICATE OF DEATH** 

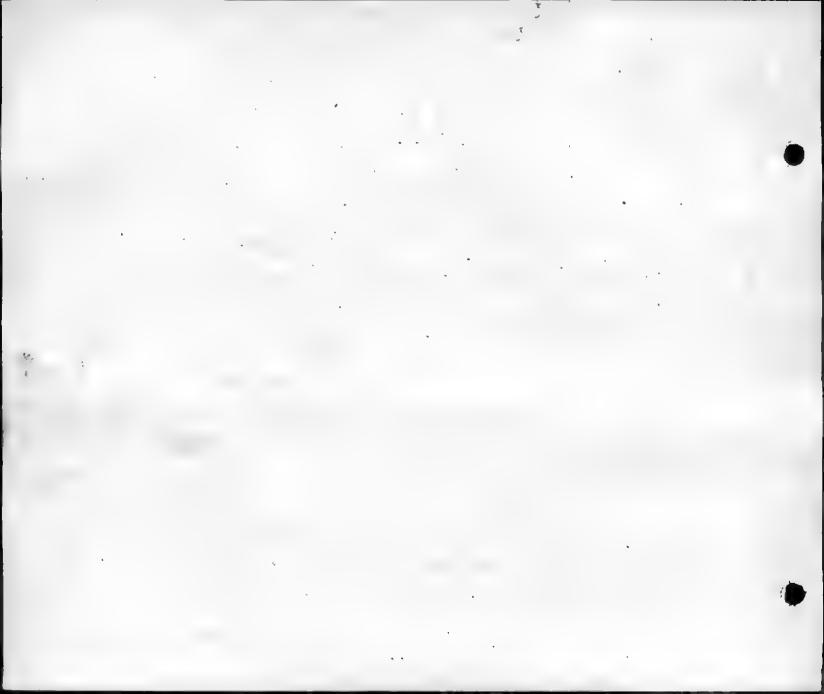
Reg. Dist. No. 07748

1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RISAL and give negretations)  Catonsville  ?	Catonsville							
d NAME OF HOSPITAL (If not in hospital, give street oddress) 346 Westshire Road	d STREET ADDRESS 3 348 Westshire Road  on A FARMS yes I NO M							
3 NAME OF DECEASED (Type or print) Marjorie R. Mc Dowell	Loss 4. DATE Month Doy Yeor OF DEATH July 5, 1960 19							
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Iost birthday)   Months   Days   Hours   Man							
Female White WIDOWED X DIVORCED	March 8. 1885 75 yrs. Months Days Hours M.n							
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) HOUSEWITE HOME	STRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Waryland  USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Jeramiah Gossard	Elizabrth Wassen							
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II	NFORMANT Address							
NO N	Mrs. Elizabeth Shettle 348 Westshire							
18. CAUSE OF DEATH [Enter only one couse perfune for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony which gove rise to immediate couse (o), stoling the under-lying couse lost.	ormal amentique dorla interval between onser and death slags							
4 threatensine Carlo Vasular 200, ACCIDENT WAS LINDERLYING D. 1206, DESCRIPE HOW INJURY OCCUPRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY PERFORMED? YES NO DE (Enter noture of injury in Port I or Port II of item 18.)							
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stole)							
21. I certify that I attended the deceased from July alive an 74, 1960, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	occurred attisa. M. from the causes and an the date stated abave.  ADDRESS (Street, city or tawn, state)  DATE SIGNED  M.D. WALLOW ALL AVE, ROLL AVE							
220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	(300)							
Burial 7/8/60 Rose Hill 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Hagerstown Maryland							
John T. Stansbury 6411 Windsor Mi	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE							
The residence of the re	II ACO DATE JUL 7 '60 arthur S. Thomas							



	7773 CERTIFICATE OF DEATH Reg. Dist. No. U7749
	o. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) of COUNTY Baltimore Maryland Maryland 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) of COUNTY of
-	b CITY OR TOWN (Foutside corporate limits, write  RURAL and ive nearest lown)  C. CITY OR TOWN (Foutside corporate limits, write RURAL and give nearest lown)  G. NAME OF HOSPITAL (If not in hospital, givestreet address)  d. NAME OF HOSPITAL (If not in hospital, givestreet address)  e. IS RESIDENCE
	College Manure Aged Home 2807 Parkwood are YES NO DE NAME OF STATE Month Day Year
	(Type or print) Besse Plane Mc Dinnis DEATH July 25 1960
	Female White WIDOWED DIVORCED 2-15-1875   lost birthdoy) Months Days Hours Min  190 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Store or foreign country)  122 CITIZEN OF WHAT COUNTRY?
	Housewife Baltimars Md. america  14 MOTHER'S MAIDEN NAME
	Thomas F. Mc Cready Mallie narris  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MINFORMANY  Address
	No Mr. J. Calvin Carney, Jr3 E. Lexington Stree
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO
	Conditions, if any, which (b) gove rise to immediate DUE TO
	lying couse lost. (c)
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19 WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 18 )  200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH 1 (b) DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18 )  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	© 206 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING ☐ CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Haur p. m 19 20d. INJURY OCCURRED factory, street, affice bldg., etc.) (County) (Stote)
	21. I certify that I attended the deceased fram \( \text{Mint} \) 2, \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ACTUAL SIGNATURE & Evit 2 & Sharmown M.D 4/2 Medical Arts Blog
	PHYSICIAN'S GOSYGE F. Shanner Baltimore 1, 2000 of.
	22c BURIA., CREMATION. 22b DATE THEREOF REMOVAL (Specify) Burial 7/28/60 Druid Ridge Cemetery Pikesville, Maryland
	Burial 7/28/60 Druid Ridge Cemetery Pikesville, Maryland  3. FUNERA, DIRECTOR'S SIGNATURE ADDRESS  With J. Construction State Control of the
-	7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



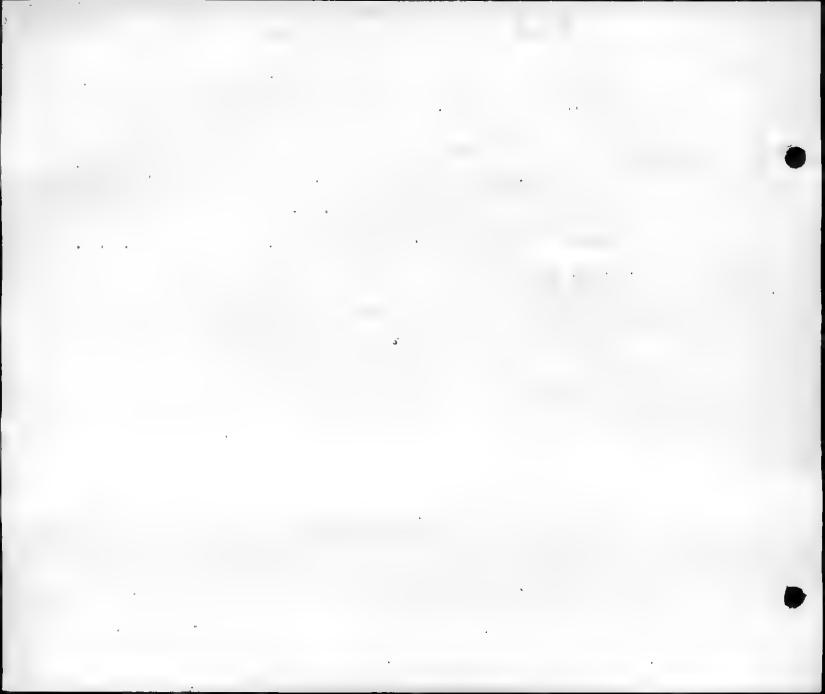
Reg. Dist. No.

Irs after death. Page 4

requires that the death certificate be executed within 24

VS A15 (4) 15M 9/5B

1	Po	LACE OF DEATH	Baltimo re		MARYLAI	- 11	O. STATE	Vhere decease	ed lived. If institut b. COUNTY	_	nce befor		
1	Ь	CITY OR TOWN (I	f autside carporate limit	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		orate limits, write l				
		RURAL and give ne	ville		3yrlmth2dy	3	Greenbe	alt. Ma	brefvr	1 6		7 .	
	d	OR INSTITUTION	AL (If not in hospital, g	ive street			d. STREET ADDRESS					. IS RESI	DENCE FARM?
	SPRING GROVE STATE HOSPIT  3. NAME OF DECEASED (Type or print) Harry				HOSPITAL		1/1 Sc	u th HI	lside Ro	ad			NO 2
					Middle		Last	4. DATE	Ma		Day		Year
					Byers	]	McNeel	DEATH	] ปีย	ly l	, 19	60	19
	5 51	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B (	ATE OF BIRTH		9. AGE (In years last birthday)		R 1 YEAR		
		male	white	WIDOW	YED DIVORCED	<b>]</b>   [	Sept. 11, 1	1892	67 yrs.	Manths	Days	Havrs	Min.
	10a	USUA. OCCUPATIO	N (Give kind of work a ing life, even if retired)	dane 10b	KIND OF BUSINESS OR I	NDUSTRY	11 BIRTHPLACE (Slot	te ar foreign (	country)	12. ⊂1	TIZEN OF	WHATC	OUNTRY?
		electr		,	Erco Co.		Penna			II.	S.	A .	
	13, F	ATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				***	
		Sanfo	rd Mc Neel				Ora	Byer	s				
	15 1				SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
	(If yes, no, or unknown) (If yes, give wor or dotes of service)  Unknown Records: SPRING GROVE STATE HOST												
		IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH											
		PART I, DEA	TH WAS CAUSED BY:	}	Kneum	gni	27 · 3				ONS	EI AND	DEATH
		1 j. 2	DUE TO		7								
	-	Conditions, if an	ny, which ) (b										
		gave rise to immediate Cause (a), stating the under DUE TO											
		lying cause last. (c)											
	2	PART II OTH			CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL D SEAS	E CONDITION GI	VEN IN PA	RT 1(a) 15	WAS A	AUTOPSY
	CERTIFICATION		Cirtinia	rocl			recette						NO [
		20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	URRED. (	Enter nature of injury is	n Part I or Po	rt II at item 18)				
	MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Yes	or 20d While		e PLACE factor	OF INJURY (Home, for	rm, 20f (Cit	y or town)		(County)		(State)
	¥.	p. m.	19	at wa	rk at work								
		21. I certify_th	at, I attended the	decea	sed fram April	16	, 19 <u>60</u> _, ta '	7/1	1960	that Li	ast saw	the d	eceased
		alive on	<u>-</u>	, 19	60 and that de	eath a	curred at 6150	AM, fram	the causes ar	nd an th	e date	stated	abave
	-	7	,		(-)			ADDRESS (S	Street, city ar tawn	state}		DAT	E SIGNED
		ACTUAL SIGNATURE	vil. 72:01.3	>	aro, and	M.D	SPRING	GROV	E STATE	HOS	PITA	ī	
		PHYSICIAN'S NAME (Type)	WILLIAMY	5. 6	PAROFANO		0.4		00 14				
					- C-1-V				28 Mary	Land-			
	22a.	BURIAL CREMATIO	N 22b. DATE THEREO	F	220 NAME OF COMPTE	DV 00 0	DELLATORY	22/1/10/04	TION (City town			10 444	۵)
	22c.	REMOVAL (Specify)			22c NAME OF CEMETE				ITION (City, town,	ar county)		(State	e)
		BURIAL, CREMATION REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR:	July 5		22c NAME OF CEMETER 60 Geo Wash		on Cemeter		attsvill	ar county)			<del>e</del> }



		MARYI		STATE DEPARTM	ENT OF HEALTH	I-BALTIMO	DRE, 18		
	_	7775	•	CERTIFIC	ATE OF DEATH	ет <b>1</b>	Reg.	Dist. No. (17)	751
1, 1	PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md.			ence before adms	sion)
	RURAL ond give ne	Foutside corporate limi carest town) VIIIO	s, write	c. LENGTH OF STAY IN 16	caton	outside corporate limit 18 <b>vill</b> e	ts, write RURAL on	d give nearest tow	n)
	NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g			6416 Fred	lerick Av	70.	ON A	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Anr		Middle	Megna	4. DATE OF DEATH	July 17	7,1960	Yeor 19
5. 5	F	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 29.187		(In years orthday) Months	ER 1 YEAR IF UND	ER 24 HRS Min
	USUAL OCCUPATION during most of work HOUSEK FATHER'S NAME	ang life, even if retired	lone 10b.	KIND OF BUSINESS OR INDU	Sicily	,		U.S.A.	COUNTRY?
13.	FATHER'S NAME	Raphael N	lorgi	a.v.1	14. MOTHER'S MAIDEN N				
		R IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	INFORMANT	Provenza	Address A 6416 I	Fred. A	ve.
CERT FICATION	PART I. DEA  Conditions, if or gove rise to it couse (o), stoling lying couse lost.  Part II. OTH	mmediate DUE TO (c)	DITIONS C	Constraint of DEATH BU			TION GIVEN IN P	PERFO	AUTOPSY DRMED?
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c TIME OF INJUR Hour o.m.	CAUSE OF DEATH MEDICAL EXAMINER)	while	NJURY OCCURRED 20= P	ACE OF INJURY (Home, form ctory, street, office bldg., elc., 19.5 %, ta	, 20f. (City or town	, 19_ <b>6</b> Anat I	(County)  last saw the che date state.	
220	PHYSICIAN'S NAME (Type)	AMES W.	7 1	TZENBERGER 22c NAME OF CEMETERY O		EDERILK 22d. LOCATION (CI		BRLTO A	29 MO
23.	REMOVAL (Specify) BUT181  FUNERAL DIRECTOR		)	Cathedral		Balt D BY REGISTRAR	CO . A	Id .	
			ne,	Catonsville,		25'60	arthur 2		



VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
7776	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

07752 Pag Dist No

								vafir ours.	****	
1. PLACE OF DEATH c. COUNTY	Baltimore		MARYLAND	o. STATE	DENCE (Where deced	b. C	OUNTY	3	3-5-	
RURAL and give	OMPOURATIT	e 28	c. LENGTH OF STAY IN 16		riown (If outside con ite Marsh	porote limits,	, write RUI	RAL and giv	e nearest to	vn)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, a Shady Noo)	ive street or Nur Lling	sing Home	W. STREET A	ADDRESS				ON	A FARM?
3 NAME OF DECEASED (Type or print)		lton	Middle G.	a to	ryman 4. DATI OF DEA		Month Jul	y	Doy 27	Year 19 60
5. SEX Male	White	WIDOWED			14,1884	76			YEAR IF UNI	
during most of wo	ION (Give kind of work orking life, even if retired)		ND OF BUSINESS OR INDI	Mary	yland	country)		12 CITIZ	U.S.S	T COUNTRY
13. FATHER'S NAME	George C. 1	d = = = = =	M 0 m		MAIDEN NAME	( nwh	cnown	)		
	ER IN U. S. ARMED FOR			INFORMANT	nerine	( with	Yqquei Ti o ME			
NO no. or unknown)	(If yes, give war or dates of se	rrvice)	one Mr		tte Slom	an,615			Avenu	e
PART I. DE		B	princhi	T'nes	Care	de mon	~ ^		INTERVAL E	
gove rise to couse (a), stating lying couse last	g the under- DUE TO	)		3		levi	9.			
CATI			NTR BUTING TO DEATH BU					IN PART I	PERF	AUTOPSY ORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER]	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Port I or F	ort II of item	18.)			
20c. TIME OF INJU Hour a. n. p. m.	10	While of work	Not white 1	LACE OF INJURY I	Home, farm, 20f. (C e bldg., atc.)	ity or town)	,	(Coi	inly)	(Stole)
21. I certify dalive on actual SIGNATURE	that I attended the	deceased , 19	from 1/60, and that deat	, 19 <u>60</u> h accurred at M.D.			iuses an	d on the	date sta	deceased ted above DATE SIGNED
PHYSICIAN'S NAME (Type)	vothe	v ) -	ee Toi	? t	13 a	( ym	~ 0 M	2	)Ki	,
REMOVAL (Specific BURLAL)	7-30-60		Moreland M		_	ATION (City		county)	(Sec	ote)
23. FUNERAL DIRECTO Wm. Cook, I	R'S SIGNATURE		ADDRESS 11 Street		24g. REC'D BY REG DATE JUL 2 9	STRAR 24	b. REGISTI	RAR'S SIGN		

₹å..c

		7777 c	RTIFICA	TE OF D	EATH	l	R	eg. Dist. N	0775	3
	1 (	PLACE OF DEATH S. COUNTY Baltimore	MARYLAND	2 USUAL RESID	Md.	ere deceased live	d. If institution- b COUNTY	Residence be Bal		
	}	CITY OR TOWN (If outside corporate limits, write RURA, and give pegret town) OWINGS MILLS  10 Yes	F STAY IN 16		own (If ou ings ]		imits, write RUR	AL and give i	nearest lawn)	
	4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrison Forest Road		d. STREET AL		Forest E	load		e. IS RESIDER ON A FAI YES X N	RM2
	- (	NAME OF First DECEASED (Type or print)  Joseph  Emory	Middle	Mi.chae	_	4. DATE OF DEATH	July	21, 1	Day Year .960 19	
	5. 5	Male 6 COLOR OR RACE 7. MARRIED 19 NEVER WIDOWED 0	MARRIED	Nov.11,		9. A		UNDER 1 YE	AR IF UNDER 2	4 HRS Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)  Farmer	NESS OR INDUS		CE (State of Maryl:		y)	12, CITIZEN	USA_	NTRY?
	13.	FATHER'S NAME		14 MOTHER'S						
1		George H, Michael		M	ary C	<ul> <li>Leonar</li> </ul>	rd			
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUI	ITY NO. II	IFORMANT			Address			
1		No No None	M	rs.Ella	W. Mi	chael	Owing	s Mill	s, Md.	
ľ		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b)						11	NTERVAL BETWI	EEN
		PART I. DEATH WAS CAUSED BY: Arterio	sclerot	ic C	V. Di	sease			ZU AYPE	
1		DUE TO								
1		Canditians, if any, which )								
ı		gave rise to immediate								
ı		cause (a), stating the <u>under-</u> lying cause last.								
ı	z	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAI DISEASE CO	NDITION GIVEN	IN PART 1(a	19 WAS AUT	OPSY
1	CATION	Portal Cirrnosis - Hern		10. 112.112.12	TIPE / EMILITY	4.5.05.05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFORME YES N	D?
	E O			1 Fates nature of	iniury in P	ort Lar Part Lin	Fitem 18.)		11.3	<u> </u>
l	CERTIFI	206 DESCRIBE HOW IN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	JONI OCCORNEL	Filler Hoters a	codorá un t	Git I Gir I Gir II G				
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR	20a PI /	CE OF INJURY (F	Joma Form	706 /City on 1	man l	(Cauni		(State)
ı	MEDICAL			tary, street, affice	bldg., etc.)		,	(Caun	(y)	(Sidie)
١	ME	p. m. NONC 19 at wark at wark	none			nor				
		21. I certify that I attended the deceased fram. 5	-20-40	, 19	, ta	7_21_60	, 19,th	at I last s	aw the dece	eased
		alive an 7-19-60 , 19 , an	d that death	occurred at_	7 A	M, from the				
							city or town, sto		DATE SI	
		SIGNATURE 2 , D. Copples		MD. 6 1	Hanor	ver Rd.			7-21-	.60
				vi U.						
		PHYSICIAN'S D. D. Caples, M.	D.	Re	iste	rstown,	Md.			
	22a		OF CEMETERY OF	CREMATORY		22d. LOCATION	(City, tawn, ar	ounty)	(State)	
		DEMOVA, ISpecify)	Charles	Cemeter			ville	M	d.	
1	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRES			24a. REC'D	BY REGISTRAR		AR'S SIGNA	TURE	
1	ŧ	J. F. Eline & Sons Reisterstow	n, Md.		DATE JE	JL 25'60	C.	111 4	Lucia	
Ŀ										

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VS A15 (4) 15M 9/58

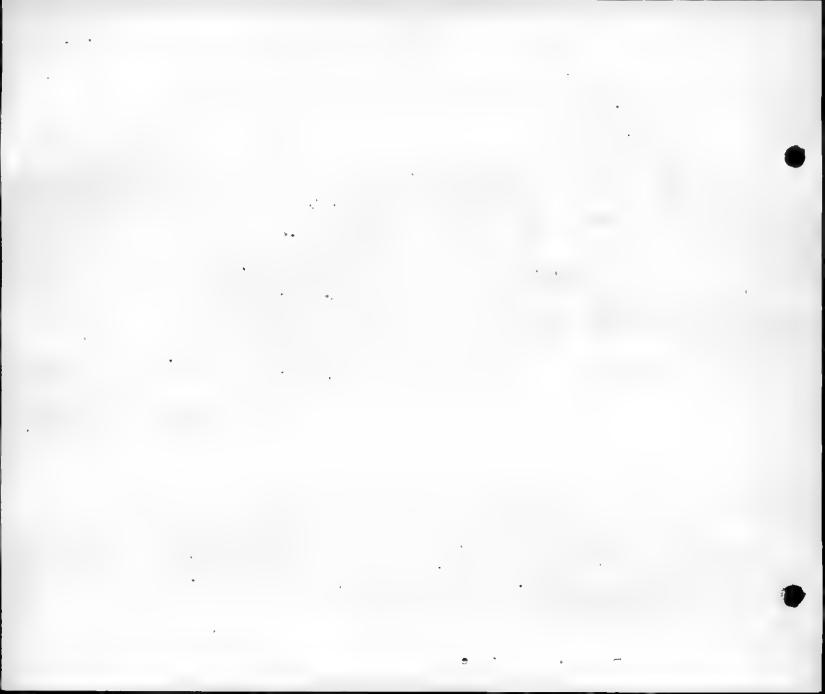
ars after death Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7683 CERTIFICATE OF DEATH

Reg. Dist. 4.7754

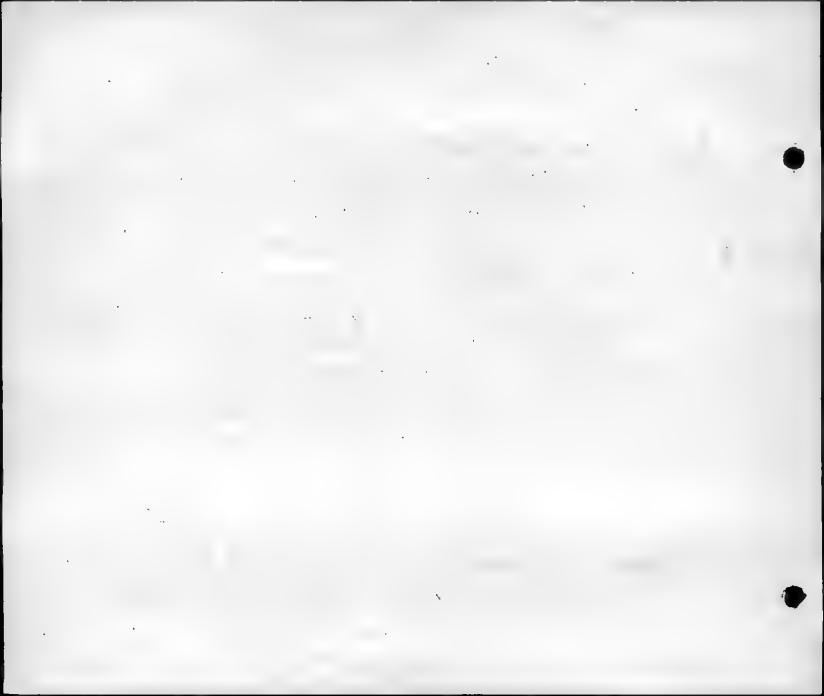
1,00	Reg. Dist. No.									
PLACE OF DEATH a. COUNTY Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY									
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Arbutus	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CLOSES AVENUE	d STREET ADDRESS  e 15 RESIDENCE ON A FARM? YES NO									
3. NAME OF DECEASED (Type or print) NARGARET I. I. ITLIER	Lost 4. DATE 7/28/00 Day Year 19									
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9/17/90. 9 AGE (in years   FUNDER   YEAR   FUNDER 24 HRS   lost brithday)   Months   Doys   Hours   Min									
10b USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUduring most of working life, even if retired) None	JSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRYS									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Unknown	Unknown									
S WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO [If yes, give war or dates of service)	INFORMANT Address Family - Same									
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.  (c)										
CATIC	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO									
OR CONTRIBUTING CAUSE OF DEATH ( (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)									
	LACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (Stote)									
21. I certify that I attended the deceased from the	10 1960, to July 28, 1960 that I last saw the deceased									
alive an July 28, 1960, and their heat	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)									
SIGNATURE Tellest J. Denellos	MD. 5305 East Drive 7/29/6									
PHYSICIAN'S Herbert V. Levicka	s Battimore-27, Hd,									
22c. NAME OF CEMETERY C REMOVAL (Specify) 8/I/60 Cathedral										
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE									
McCully - I30 E. Port Ayenue	DATE AUG 2 '60 arthur & Kraus									
	The state of the s									



	CERTIFICATE OF DEATH	• • • • • •
)	PLACE OF DEATH  COUNTY Baltimore MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Reside o. STATE Manyland b. COUNTY Ba	ence before admission)
~	b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL) on give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN of outside corporate limits, write RURAL and Standard Give nearest town)	
	d NAME OF HOSPITAL (If not in hospital, give street address) OF STITIJI ON COST HURSing Home 1815 Kingston Rove	6. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) MARGARET A MITCHELL OF DEATH July	5 1960
	Female White WIDOWED B DIVORCED   May 20, 1870 To yes Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min
1	Housewife — Uppace Fairmount, Md.	71 S a
	3. FATHER'S NAME Joseph Sudles Margaret Waters	
	15 WAS DECEASED EVER IN 8 S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT. (Yes no or unknown) (If yes, give well or dates of service, 220 Miss of Lathsin Gossuch.	Same
	18. CAUSE OF DEATH [Enter only one cause per line or (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO	INTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (a), stating the under:  Lying couse last.  [b]  OUE TO  (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO []
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH OF ITEM (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. 19 al wark at work	(County) (State
1	21 I certify that (I) (this haspital) attended the deceased fram. If 19.10 to 19.10	60that (I) (we) lass
1	ATTENDING MED DIRECTOR DIRECTO	7/6/66 DATE
	22 PHYS CIAN S NAME (Type) LAURENCE CITOST 6805 York Kd. Batter	non 12 M
	23a BLR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, town, or country) July 8 1960 Resbytarian Complex Occomple Cit	y Tild
	Henry W. Jensens + Sons Co. 4905 York Road, DATE JUL 8 '80 arching	S. Hama

TO HOSY BY TREADING MEYSMIAN: The law requires that the Meath certificate be executed within 2. It is after death. Page 4 may be ...Xined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this merificate has borner signed by the attending physician and sommetely filled in by the formural director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within Z hours ofter death. VR A15 (4) 15M 9/59

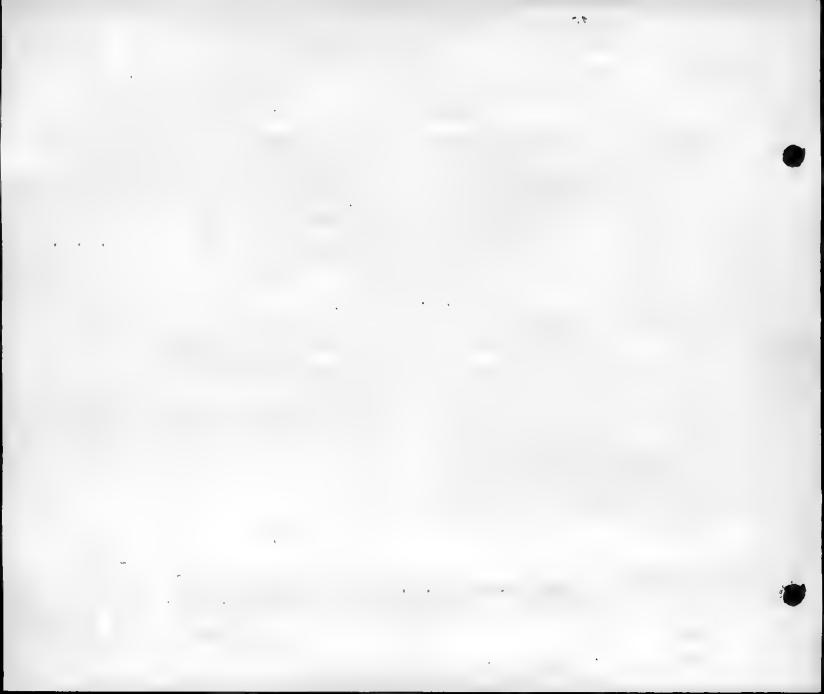


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

IFICATE OF DEATH	775	56

	LACE OF DEATH				2	USUAL RESIDENCE (WIN	ere deceased		19 - 21	/	ission)
		Baltimore		MARYL	AND	Mary	land	b. COUNTY	St. M	ary(s	\$
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)				N Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Catons			2mthl6dys	3	Chaptico,	Maryl	and			
0	NAME OF HOSE OR INSTITUTION	TAL (If not in hospito	t, give street	oddress)		d STREET ADDRESS		-	E7 3.		ESIDENCE A FARM?
	SPRING		ATE I	HOSPITAL	- 1	none			XX.		] NO [
3. N	IAME OF		First	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(	DECEASED Type or print) Wi	lliam Le	<b>⊝e</b>			Morgan	OF DEATH	Jul	y	11	19 60
5 5	EX	6 COLOR OR RAC	E 7. MARI	RIED TNEVER MARRIED	оп в п	ATE OF BIRTH	9	AGE (in years	IF UNDER 1	EAR IF UNI	
	male	white	WIDOW	ED DIVORCED		June 21, 18	195	lost birthdoy) 65 yrs.	Months De	ays Hours	s Min
10a	JSUAL OCCUPAT	ION (Give kind of wo	rk done 10b.	KIND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Stote	or foreign cou		12 CITIZE	N OF WHAT	COUNTRY?
	farming	orking life, even if reti v	red)			Maryland			1	J. S.	Λ
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			J. U.	A.
	Jose	ph Morgan				Jannat	te Bur	a la			
15.	WAS DECEASED EV	ER IN U. S. ARMED F	ORCES? 14.	SOCIAL SECURITY NO.	17 INFO		vé nar.	Addr	ress		
(Yes,	no, or unknown)	(If yes, give wor or dates	of service)		Reco		G GRO	VE STAT	מת שת	TA TTG	
H		EATH ICAA			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	orda: ordin	G GNO	VE DIR.	ID HUL	SPIT AL	_
	ONSE ONSE									ONSET AN	D DEATH
	/1 0 0	MMEDIATE CAUSI	(o) VGI	rebral vascu	Lar a	ccident					
	DUE TO										
	Conditions, if ony which pove rise to immediate (b) Arteriosclerotic cardiovascular disease										
	coure (a), stating	g the <u>under-</u> DUE	TO								
-	lying couse lost. (c)										
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS'S PERFORMED?									FORMED?	
			I					10.1		YES	□ NO 🔀
CERTIFI	OR CONTRIBUTION	AS UNDERLYING CAUSE OF DEA	TH 206 DES	CRIBE HOW INJURY OC	CURRED. (	inter noture of injury in F	ort tor Port	ll of item (B)			
	·	Y MEDICAL EXAMINE									
	20c TIME OF INJL Hour a.m	JRY Month, Day,	Year 20d I White		20e PLACE foctory	OF INJURY (Home, form, street, office bldg , etc.	, 20f (City o	or town)	(Co	inty)	(State)
MEDI	p. m	1	g at war								
	21 I certify th	ot (I) (this hospi	tal) attend	ded the deceosed f	roms	July 5 12	60. to_	July 11	19 . 6	Othot (1)	(we) lost
						h occurred ot1:2					
	220 SIGNATURE		. 1	71 .			p				22b DATE
		tella	400	helis	M Đ	ATTENDING ME	PECTOR -	STAFF PHYS 2	7-1	1-60	SIGNED
	22c. PHYSICIAN'S NAME (Type) STOLLO INCOME. M. D. 22d. ADDRESS SPRING							ROVE STA	ਮਾਜ਼ਾ ਜ਼ਿਲ	SPITA	Т
	Tenar (Type)	Stell	a Wacn	sler, M. D.				11e 28.			.3.3
23a	BURIAL, CREMAT		REOF	23c NAME OF CEME	TERY OR C		23d LOCATI	ON (City town,	or county)		tote)
R	REMOVAL (Specif	1 7/14	160	Sacred He	eart.		Buck	wood.		Mary	rlandd
24	FUNERAL DIRECTO	R'S S GNATURE	1	ADDRESS /	7	A 2So REC'I	BY REGISTR		STRAR'S SIGN	IATURE	
M	: Elask	malfric	lee -	Leonard 1	MUN	L, MCL DATISUL	1 3 '60	ant	hun S. K.	aud.	
-//-	9.0	7	1) (		4	1-1-1-1					

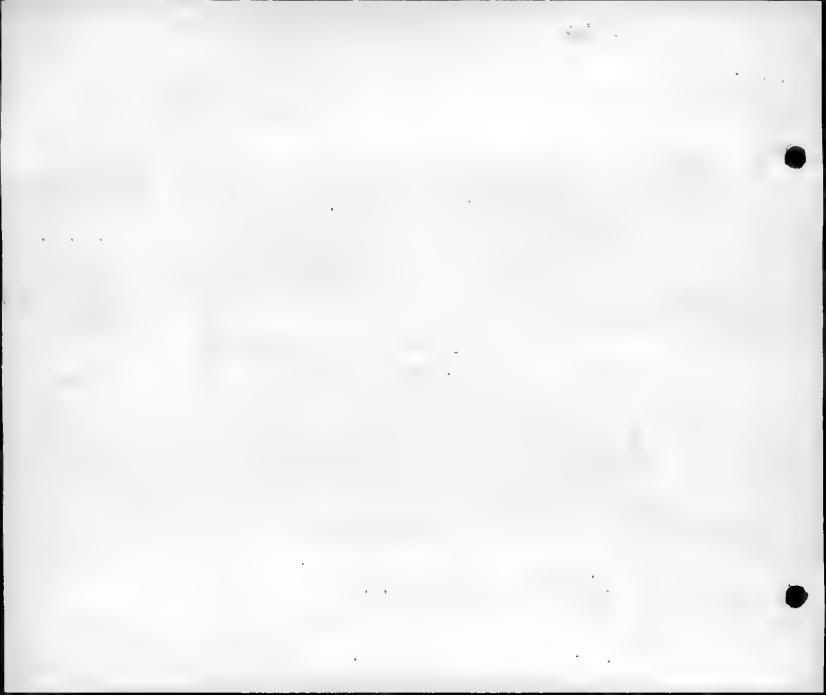


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

07757

4 55		
Page rector	1. PLACE OF DEATH  COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)  o STATE Maryland b. COUNTY Baltimore
T TE	Dar crimore	a actually materials
to a a M	b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
D LEB	Baltimore	Baltimore
the the sho	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
od by	5103 Leeds Avenue	5103 Leeds Avenue
fin 24 finled in gges 1 an	3. NAME OF First Middle DECEASED (Type or print) Margaret MU	Leller  A. DATE Month Day Year Death July 229 22, 1960
iffin 2 Pages death	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
ptetely rrs Pa ofter de	female white widowed Divorced	Feb. 15, 1891 objection Months Doys Hours Min.
amp appe	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
xe market	housewife	Austria U. S. A.
pe irba	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
in in it is a second	George Keller	Francisca Fritch
fific F B F F	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
ding ding livever		Henry Mueller 5103 Leeds Avenue #27
lear de lear d	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
d in p	PART I. DEATH WAS CAUSED BY  JAMMEDIATE CAUSE (a)	- believed 6 hrs
at a the one	DUE TO DATE	A Markovi 2
s the	Canditions, if any, which ) (b) USURIOREL	erotic Heart Sucare. 3 yps
gned	gove rise to immediate couse (o), stating the under-	
on. 1 sig	lying couse last. (c)	
ysici ysici beer tran		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
Phas phas has has had a little	CAI	YES NO
ending ending ficate the bu	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
YSIC ar aff certific as se as buriç		ACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) ctary, street, affice bldg., etc.)
<b>1</b>	p. m. 19 of wark of wark	
P d feer	21 I certify that (I) (this haspital) attended the deceased from	aug 24 , 1952 to July 22 1960 that (1) (we) lost
Sche b		death occurred at 6.4 M, from the couses and on the date stated above.
He det O	22a. SIGNATURE	ATTENDING MED STAFF \$1GNED
a de	O Bradly & alguardy	M D PHYS. \ DIRECTOR \ PHYS. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Par Para	NAME (Type XXII) Name (Type XXII) Name (Type XXIII) Name (Type XXIII) Name (Type XXIII) Name (Type XXIII) Name (Type XXIIII) Name (Type XXIIII) Name (Type XXIIIII) Name (Type XXIIIIIIIIII) Name (Type XXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	D. 1264 Francis Avenue
RAI sho	Attention Daughar City, Fr.	D. IZOT TTANCES AVEILUE
Nose of the control o	230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	
H Dag	Burial //25/60 Meadowriug	the state of the s
= = ()	24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9/59	Howard H. Hubbard 4107 Wilkens A	Ve. DATE JUL 25 60 arthur S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

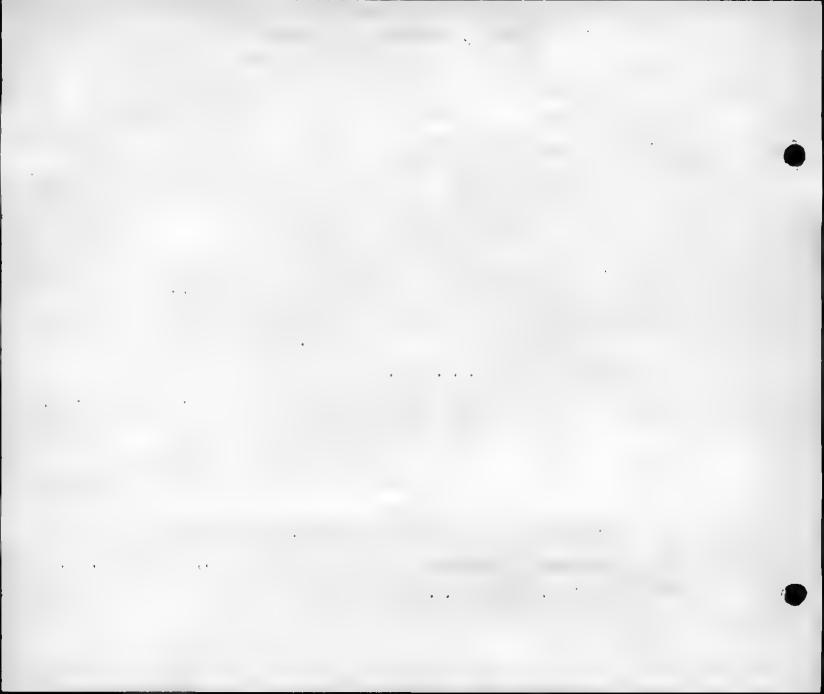


VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7782 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

07759 Reg. Dist. No.

				440 81 0 10		
1. PLACE OF DEATH  o. COUNTY BALL MORE	MARYLAND 2	usual residence (Whe	And b.	COUNTY HANG	ord	V
Baltmore Rural Imont	F STAY IN 16	BEL AT	itside corporote limii	h, write RURAL and g	· · · · · ·	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Armacost Nursing Home		545 CYE	ssy Roc	d	e. IS RES ON A YES	FAFY?
1 NAME OF DECEASED (Type or print) VITGONIA REID	Munnit	thuy SEN	4. DATE OF DEATH	July	Starrage	Yeor 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER   WIDOWED   DI		DATE OF BIRTH	] lost b	313, 5113	Doys Hours	ER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	ork	North Can	Fu ilon	4.4	ZEN OF WHAT	COUNTRY
13. FATHER'S NAME WITTIMM C. REID		14. MOTHER'S MAIDEN NA Corve(		hweatt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (Yes no or unknown) (If yes, give wor or date of service)			S	45 Cressy R		
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	nia, lowe	r right.	tic cardj	lo- <b>v</b> ascula:	4/15	/60 /60
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					PERFC	AUTOPSY DRMED?
200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (	Enter nature of injury in Po	art I or Part II of ite	-m 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR While Not while of work of work	factor:	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town	) (C	ounty]	(Stale)
21. I certify that I attended the deceased fram alive an 7/1/60 19 and ACTUAL Edwin B. Jarrett, M.D. PHYSICIAN'S NAME (Type) Edwin B. Jarrett, M.D.	<u>/-</u>	ccurred ot 12120F	M, from the control of the control o		e date state	ed abave ATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) July 5,1960 Rock S	Spring CEN	1	22d. LOCATION (CA Rumal Bel	ty, town, or county)	(Stat	
23 FUNERAL DIRECTOR'S SIGNATURE Brands ADDRESS	williams St	240. REC'D	BY REGISTRAR	246 REGISTRAR'S SIG		



VR A1S (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH PORTUGUES OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07760

Item	h 7   E0 5 / F	7-20-60 et		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. PLACE OF DEATH  o. COUNTY	MARYLAND	2 USUAL RESIDENCE (When	e deceased lived If institution Residence b. COUNTY	ence before odm ssion)
b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate limits, write RURAL on	
Towson		/ TOTE GIVEN	ch Bottom	
d NAME OF HOSPITAL (If not in haspita, give street address OR INSTITUTION	)	d STREET ADDRESS	o C. E. Wiley	on A FARM?
Presbyterian flome		Presidententen		
3. NAME OF DECEASED (Type or print) Ella Wiley M	Middle	Lost	DEATH July	Doy Yeor 12 19 60
5. SEX 6 COLOR OR RACE 7. MARRIED		B DATE OF BIRTH		ER TYEAR IF UNDER 24 HRS
Female White WIDOWED K	DIVORCED 🗍		last birthday) Month	Doys Hours Min
10a USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired)	OF BUSINESS OR INDUS	24	foreign country) 12 (	ITIZEN OF WHAT COUNTRY?
None		Maryland  14. MOTHER'S MAIDEN NA	MF	
James Rankin Wiley		Alice B.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIA	L SECURITY NO. 117. IN	IFORMANT	Address	
(If yes, give wor or dates of service)		ashadamian Han	Townson Manual	- 10.00
10 CAUSE OF DEATH IT		exeverian mos	e. Towson, Maryl	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one couse per line for ( PART I DEATH WAS CAUSED BY		bosis - recurr	A	ONSET AND DEATH
IMMEDIATE CAUSE (o)	4 WKS			
Candilions, if any, which ) Cer	ebral arter	iosclerosis		3 years
gave rise to immediate				, , ,
couse (a), stating the under- lying couse lost (c) Gen	eralized ar	teriosclerosia		years
PART II OTHER SIGNIFICANT CONDITIONS CONTRO	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION G VEN IN P	PERFORMED?
3			4.1 . B. 4.1 . ( 'A 1B.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRE	D (Enter nature of injury in Po	rtior rorrittor tem to j	
20c TIME OF INJURY Manth, Day, Year   20d. INJURY   Hour a.m., p. m.   19   Ot wark   ot wark	lat while fac	ACE OF INJURY (Home, form, clory, street, office bldg , etc.)	20f (City or town)	(County) (Stote)
21 1 certify that (I) (the compatible) attended the saw the deceased alive an July 6			8 to <u>July 12</u> , 19	
22d SIGNATURE	- and that a	learn accurred divizes	in the couses and an	22b DATE
Showit h	M.D.	M.D. PHYS MED	STAFF PHYS	Jult 13. 1960
22c. PHYSICIAN'S S.J. Venable, Jr. M	.D.	7215 York	Road, altimore	• •, -,
236 BURIAL, CREMATION, 236 DATE THERFOF 23c REMOVAL (Specify)	NAME OF CEMETERY O	R CREMATORY 2	3d LOCATION (City, town, or count	y) (\$10°e)
Burial 7-14-60 We		am Presbyteria		
	ADDRESS		BY REGISTRAR'S	SIGNATURE
John O. Mitchell & Sons, Inc.	1900 Eutav	Place DATE	14'60 - 344	time



TO HO

VR A15 (4) 15M 9/59

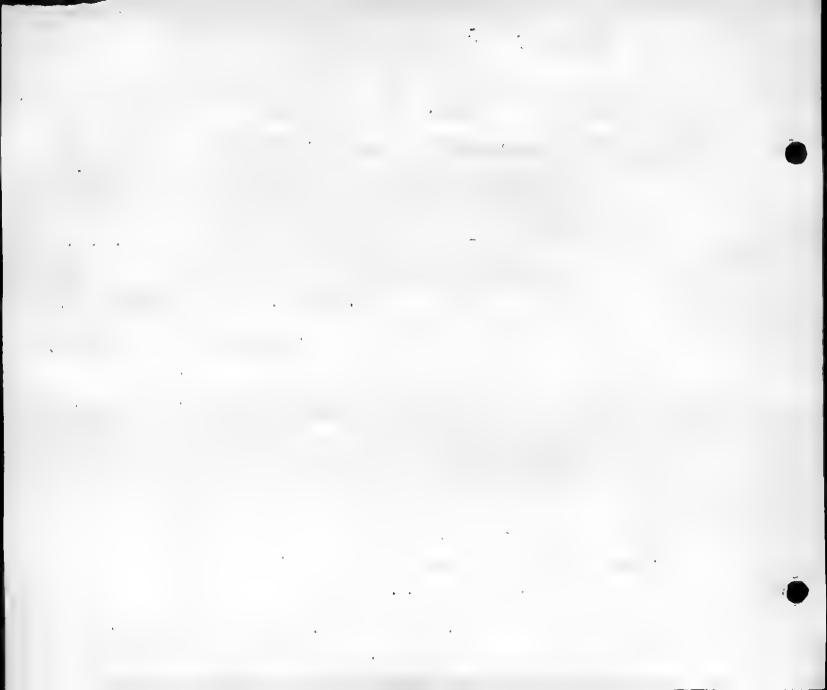
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

7784 **CERTIFICATE OF DEATH** 

07761

	1. 8	LACÉ OF DEATH					IDENCE (Whe	ere deceased lived.		. Residence be	fore admission)
		Baltimore MARYLAND				o. STATE Maryland b. COUNTY					
	Ŀ	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		RURAL and give nearest town) TOWSON  2 yrs			l yrs.	West	tminste	r	ş.,	2	
		J. NAME OF HOSPITAL (If no	ot in hospital, giv	ve street oddres	15)	d. STREET	ADDRESS		1		e. IS RESIDENCE ON A FARM?
		Stella Mari	s Hospi	ce. Inc		50 I	. Mair	Street			YES NO
		NAME OF	First		Middle	La	ist	4. DATE	Month		Day / Year
		DECEASED Type or print)	Marga	ret		Murphy		OF DEATH	4	30	oth 1960
	5 9	EX   6 CO	LOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	ГН				AR IF UNDER 24 HRS
		Female Wh	ite	WIDOWED 🔀	DIVORCED	9/13/7	3	1031	86 yrs	Months Days	Hours Min
	100	USUAL OCCUPATION (Give during most of working life,	e kind of work de	one 10b, KIND	OF BUSINESS OR INC	OUSTRY 11 BIRTHE	LACE (State o	or foreign country)		12. CITIZEN	OF WHAT COUNTRY?
		Housewif		-				k. Irela	nd	U. S	5 - A -
	13.	FATHER'S NAME				14. MOTHER					
		MARKINONALX	John	Ryan			IJχ	lknown			
	15	WAS DECEASED EVER IN U	S ARMED FORCE		L SECURITY NO. 17	INFORMANT	, 0		Addres	5	4 4
		in or	ve wor or occide by se-	Non	e	Rev. Jo	hn J.	Murphy	Balt	imore	, Md
		18. CAUSE OF DEATH [Er	iter only one cou	se per tible for	(o), (b), and [#]	111	7				TERVAL BETWEEN
		PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) (CYEDYA) TEMORYD 3.98 ONSET AND DEATH									
		143 X DUE TO _/ / 1									
		Conditions, if any, which) (b) System answer (dydin Rana)									
gove rise to immediate couse (a), stating the under									7	1 = -	
		lying couse lost	(c).	11/6	dscul	37 1	11-5-	P-2-36		/	- Tho
	NO	PART II OTHER SIGI	NIFICANT COND	OITIONS CONTR	BUTING TO DEATH B	UT NOT RELATED T	O THE TERMIN	VAL DISEASE CON	DITION GIVE	V IN PART T(o)	19 WAS AUTOPSY PERFORMED?
	FICATION										YES NO
	CERTIF	20a ACCIDENT WAS UNDI	ERLYING []	20b DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture	of injury in P	ort I or Port II of	tem 18 }		
İ		(IF EITHER, NOTIFY MEDIC	AL EXAMINER)								
	MEDICAL	20c TIME OF INJURY Mor Hour a m	ith, Doy, Yea			PLACE OF INJURY foctory, street, offi			rn)	(Count	y) (Stote)
	ME	Hour a m  While Not while rectory, street, office bldg., etc.)  p m. 19 of work □ of work □									
		21 I certify that (1) (	this hospital	aftended t	he deceased from	Mac	125	100 JU	430	2 12.60	that (1) (we) lost
1		sow the deceased al	ive on JU	W 30	19.60, and that	death occurre	ed of	101.			te stoted above.
		220 STOTIATURE		1		0					226 DATE SIGNED
	-	MARKE	ost A	1202	inel	M D PHYS.		ECTOR PH	rs. 🗆		SIONEL
		22c. PHYSTC, AN'S NAME (Type)				22d. ADD	RESS				
		Ch.	arles F	• O'Don	nell- M.D.						
	230	BURIAL, CREMATION, 23E REMOYAL (Specify)	DATE THEREO	F 23c	NAME OF CEMETERY	OR CREMATORY		23d LOCATION	City, town, or	county)	(State)
	E	ourial	8-4-60		St. Josep	h's (en		Amest	wry,	Mass.	
	24.	FUNERAL DIRECTOR'S S GN	() 1	E30=	ADDRESS	) /	250 REC'T	BY REGISTRAR		RAR'S SIGNAT	
		Leonard J.	. Kuck	5305 1	Harford h	d.	DATE AU	G 2 '60	ant.	Lun S. The	aud



VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7725 CERTIFICATE OF DEATH

<b>()</b> ()	- GERTINIGA	AIL OF BLAIT	Reg. Dist. N	lo.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceas	ed lived If institution Residence be	efore admission)
o. COUNTY	MARYLAND	o. STATE	b. COUNTY	. 3
b CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give i	nearest lown)
Bural Pikasville		Rikesville 8.	Md.	
d. NAME OF HOSPITAL (If not in hospitot give street of OR INSTITUTION	oddress) Perchael	d STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
6/8 taleston	ilsu.	618 Ralston Av	e.	YES 🔲 NO 🔼
3. NAME OF Pirst (Type or print)	Middle	Lost 4. DATE OF DEATH		Day Year
	PA TOBROS	11 Y - 1 D	Utter 7 9	19 60
	ED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy) Months Day	AR IF UNDER 24 HRS s Hours Min.
isle WIDOWE		1891	69 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUTINESS OF INDA	STRY 11. BIRTHPLACE (Stole or foreign	country)   12. CITIZEN	OF WHAT COUNTRY
Retired :	.liic.Jity	Owings Mill	s.id. U.J	
13 FATHER'S NAME	•	14. MOTHER'S MAIDEN NAME		
Jacob Myers		Julia Butler	1	
	SOCIAL SECURITY NO.	NFORMANT	F-Appleased -+ - 1 ]	e P. 13.
Tone	5-20-5t-07 3	ing. Rose Miers.	530 7 3 stc . W	, , ,
18 CAUSE OF DEATH [Enter only one couse perrtin	e for (a) (b) and (c) ]	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	- D D	0		NSET AND DEATH
IMMEDIATE CAUSE (o)	when of a	tros arambin		5-kours.
DUE TO	of the			
Conditions, if only, which (6)	Sample of the same			
gove rise to immediate DUE TO				
lying couse lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS C				YES NO
L 200 ACC DENT WAS HADDERLY NO TO 20% DESC	RIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Po	ort II of stem 18.)	
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Doy, Year 20d IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f (Ci-	ty or town) (Count	(Stote
Hour o. m. While	Not while fo	ctory, street, office bldg., etc.)		,,,
21. I certify that y attended the decease	ed fram. 3/5/60	, 19, ta <del>2</del> / <u>4/0</u>	, 19,that I last so	aw the deceased
alive an 7/9/60 19	, and that death	accurred at 10 1 M, fram	the causes and an the da	ite stated abave
	0	ADDRESS (	Street, city or town, stote)	DATE SIGNED
SIGNATURE Mattan Leh	lewy!	M.D. 6410 am	Que Mill M	
PHYSICIAN'S MULTIN Sch	lent m	a c	etto 7'mg	000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -
220. BUR AL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stote)
Punici July 12, 106	Lingancre	Cometony Fra	riorick Co., Ma	•
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24c. REC'D BY REGIS	STRAR 24b. REGISTRAR'S SIGNAT	TURE
frank H. Houle	1 il admi	DATEUL 1 3 '66	Outing 8 for -	



VS A15 (4) 1SM 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7786	CERTIFICATE OF DEATH	

M

07763 Rea. Dist. No.

-		
1	PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institut on: Residence before admiss on) o. STATE  Md.  Bull -1 (10)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Rural Raisterston	Reistorstown, I.d.
	d. NAME OF HOSPITAL (If not in hospitos, give street oddress) OR INSTITUTION	d. STREET ADDRESS  a IS RESIDENCE ON A FARM?
	600 everley Rd., Reislerston	600 Deverly Rosa, YES NOTO
3	R. NAME OF DECEASED (Type or print) Tha Tobert	Last 4. DATE Month Day Year OF DEATH JULY 9, 19 60
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min
ı	icle Widowed Divorced	March 1,1033 (ast birthdoy) Months Days Hours Min.
1	00 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
ı	Policemen Baltimore Co.	. Maryland U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	Ira Tolort Mers Sr.	Etta Virginia Viley
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. IN	NFORMANT RANGES TOWN, 1.0.
Т	(Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs. Margaret F. Myors, 600 Beverly R
	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate  DUE TO  DUE TO	Thromboar INTERVAL BETWEEN ONSET AND DEATHY 4 months
	lying couse lost.	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY
1		PERFORMED? YES ☐ NO 😿
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18.)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED for Month for month of work of work of work	ACE OF INJURY (Home form, 20f. (City or town) (County) (State) clary, street, office bldg , etc.)
	21. I certify that I attended the deceased from agril alive an galy 9 , and that death actual signature lake & Malleanne	accurred at 17/1 M from the causes and an the date stated abave.  ADDRESS (Street, city or town, steps).  DATE SIGNED  M.D. 1/90 f Local rational Resolution M. M. M. M. M. M. M. M. M. M. M. M. M.
-	PHYSICIAN'S NAME (Type) Clarence Z. ic. illians	.D. 1100's Roistorsform Rd., Robuston.
1	20. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BRIDGE STREET	o Joneyery Pilesville E, 14.
2	3. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Only & Krana



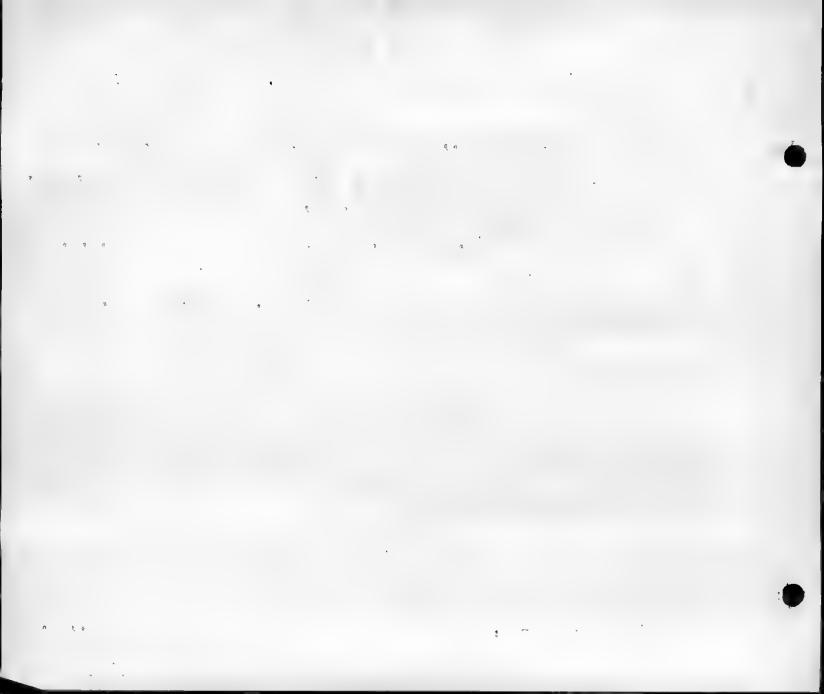
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltimore MARYLAND	o. STATE Fd. Baltimore
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
RURAL ond give nearest town)  Dundal K	5 3. Dundalk
	d. STREET ADDRESS e. 15 RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1825 Valnut Ave # 22	1825 Walnut Ave., #22. YES NO
DECEASED	06
HEIONARD SOUTH	
	8. DATE OF BIRTH Peb. 23, 1877  9. AGE (In years of the period of the pe
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU-	STRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Retired Beth. Steel Co	. Italy U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Nardone	Grace Bishi
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
NO	Antoinette A. Nardone Same.
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ] "	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE OF CAUCE CALBERT	on ablac, cel 5 Months
DUE TO	
Conditions, if ony, which )	
gave rise to immediate	
lying cours lost	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19, WAS AUTOPSY
E PART SI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	TREFORMED?
5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of stem 18.)
20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED to for all work of wo	ACE OF INJURY (Home, form,   20f. (City or town) (County) (Stote)
Hour o. m. 19 While Not while for	clory, street, office bldg., etc.)
279	
21. I certify that I attended the deceased fram 116.6	Azer
alive an 12 12 C, and that death	
1 22 d	ADDRESS (Street, city or town, stote)
SIGNATURE 1794 11802CD - COOK	M.D. 27 127 5/1/2 6/1
PHYSICIAN'S 14 . 4/. Man 2. 5.0	Dundalt 23 4.1
HAME (Type) 11 N 100113017	Julia all = 1/1/2
220. BURIAL, CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY O	
Burial 7-26 -60. Sacred Hear	
23. FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Charles of Jeiler 901 S. CONKLING ST.	DATELLY 26'60 Carling S. Krouns
	JII / 8 JV



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07765

Md.

	7787	CERTIFICA	IE OF DEATH		0000
PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylan	b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN I RURAL and give n	·	c. LENGTH OF STAY IN 16		eutside corporate limits, write to	RURAL and give nearest fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, give stre	et address)	d. STREET ADDRESS  Greb Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle REDERICK NEALE.	SR.	4. DATE Mor OF DEATH JU	Day Year 19 10, 1960 19
s. sex <b>Male</b>			B. DATE OF BIRTH Feb. 10, 1883	9, AGE (In years last hirthday) yrs.	Months Days Hours Min
Salesman -re	rainer life aven if retired)	b. KIND OF BUSINESS OR INDUS	Gonn.	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Willie	am F. Neale		14. MOTHER'S MAIDEN P	beth Hedges	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? [] [If yes give wor or defea of service]  None		F. Neale, J		Rd., Timonium, Md
CATIC	the under (c) (c) HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT  CETUDINAL  ESCRIBE HOW INJURY OCCURRE	Sascular	acciden	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIF)  Zoc. TIME OF INJU  Hour a. m. p. m.	RY Manth, Day, Year 20d Whi	fa.	ACE OF INJURY (Home, form clory, street, office bldg., elc	20f (City or town)	(County) (State
21.1 certify that (1) (this haspital) attended the deceased fram					
22c PHYSICIAN'S NAME (Type)	SAHUEL	STERN STERN		E. Belvelu	WAV.
23a BURIAL, CREMATION SEMOVAL (Specify BUTTA)	July 13,1960	23c NAME OF CEMETERY O		23d LOCAT ON (City town, Parkville, )	
John Burr		n, Maryland	250 REC	D JURECISTANGO 256 REG	ISTRAR'S SIGNATURE

DATE

TO HOS VR A15 (4) 15M 9/59



s ofter death. Page 4 nd campletely filled in by the funding papers. Pages 1 and 2 should death

TO HOSE OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be exmented within 2mm may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detoched for use as the buriol-transit permit. Then please remove carbon pages 1 the registrar prior to burial, aremation, ar removal, and in any event within 72 hours again death.

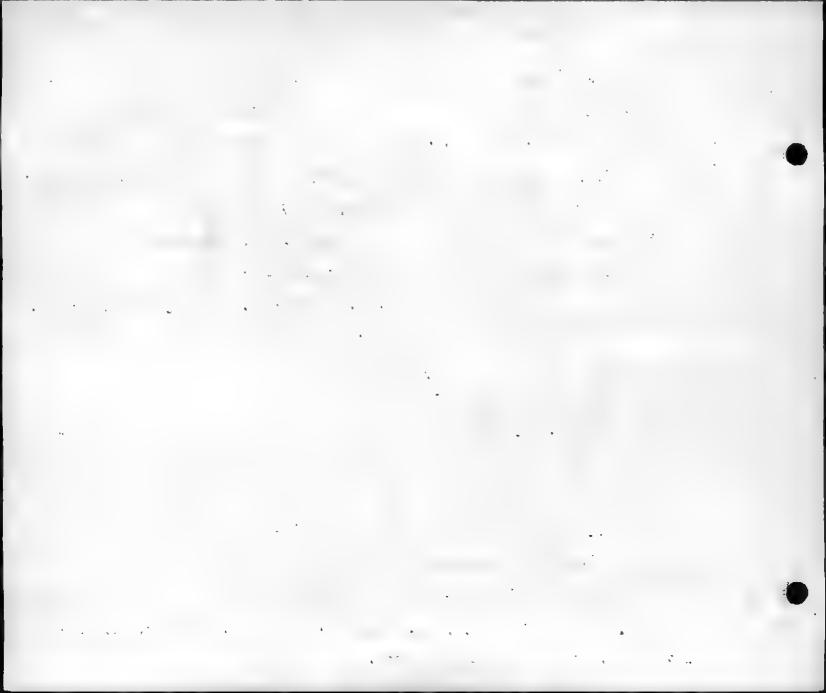
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7788

**CERTIFICATE OF DEATH** 

Reg. Dist. No. ()7766

_							
	LACE OF DEATH	Baltimore	MARYLA	o. STATE	NCE (Where deceased In	ved. If institution, Reside	ence before admission)
Η,	CITY OF TOWAL			//	laryiana	D 2 10 10 10 10 10 10 10 10 10 10 10 10 10	altimore
ľ	RURAL and give	(If outside corporate limits, write nearest town) IndaUSLOWN	e c. LENGTH OF STAY IN		Baltimore	e limits, write RURAL onc	give nearest town)
	OR INSTITUTION	PITAL (If not in hospital, give structure)  (hanel Hill	L Con. Home	STREET ADI	0 1 1	Road	e. IS RESIDENCE ON A FARM? YES NO RD
3	NAME OF	First	Middle	Last			
1	DECEASED (Type or print)	Mrs. Marga	. 1	Newnam	4. DATE OF DEATH	July 1	6th 1960
5 :	SEX F		ARRIED NEVER MARRIED		1000	AGE (In years IPUNDE last birthdoy) Months	Doys Hours Min
ΤØα	. USUAL OCCUPAT	ON (Give kind of work done) I	<u> </u>	- VICCCO PU	E (State or foreign coun	/ 0	TIZEN OF WHAT COUNTRY?
	during most of we	eux fe		Cumbe	erland, Mo		USA
13.	FATHER'S NAME	4 . 1 . 4		14. MOTHER'S M	AIDEN NAME	U	
	(harl	es Laibel		Lena J	chmidt		
	WAS DECEASED EN	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		Address	
				Mrs. Rose	rlia T. Go	od 1613 (	Irlando Rd.
	18. CAUSE OF D	EATH [Enter only one couse pe	r line for (o), (b), and (c).]				INTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Lobar pre	umonia			ONSET AND DEATH
	1.9	DUE TO					
	Conditions, if		lepater face	lure)			
	gove rise to couse (o), statin		255115				
	lying couse los		MSCVD.				
ATION	PART II O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HETERMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	Poe	mble carcin	own of live	<b>₽</b>			YES NO
CERTIF	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING   206. [ IG   CAUSE OF DEATH TY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of i	njury in Port I or Port II	of item 1B.)	
CAL	20c. TIME OF INJU	JRY Month, Day, Year 20a	INJURY OCCURRED 20	e. PLACE OF INJURY (He	me, farm, 20f. (City or	lown]	(County) (Stote)
MEDI	Hour o.m p.m	10	ile Not while work Ot work	foctory, street, office b	ldg., etc.)		
	21. I certify	that I attended the dece	eased from June	9 , 19 60,	to July 16	, 19 <b>60</b> ,that I I	ast saw the deceosed
	alive an9		9_65 , and that d			e causes and on th	ne date stated obove
	ACTUAL SIGNATURE	John J. L	Karrell	M.D	7000000		
	PHYSICIAN'S NAME (Type)	JOHN J. DA	ARRELL, M.	<u>D.</u>			
220		ION, 22b. DATE THEREOF	22c NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATIO	N (City, lown, or county	(Stote)
	REMOVAL (Specif	2 7/ 19/6	O St. Pete	r and Pau	. Cun	berland.	Maruland
23	FUNERAL DIRECTO	0 0 1	ADDRESS	. 2	4 REC'D BY REGISTRA		
1	aanand	(1 Ruch 5205	Hartond Ro	ad	101 1 8 '60	Cirthur &	Thate



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission files. a. COUNTY Page a. STATE 5. COUNTY is necessary, Baltimore Baltimore Marvland MARYLAND b. CITY OR TOWN (if outs de corporate lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 to the funeral director. write RURAL and give nearest town) your ŏ Baltimore 12 Baltimore 12 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) jo STREET ADDRESS a. IS RESIDENCE Boa ON A FARM? 6807 Bellona Avenue 6807 Bellona Avenue retained YES NO State 3. NAME OF First 4. DATE M ddle Month Year DECEASED the MABEL G. (Typa or print) NICHOLS 19 60 DEATH 26 July wilh 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. 2 will s 1, 2, and 3 age 5 may 1 and 2 wil V2 hours 66 inthday) Months Hours November 2,1893 Female White DIVORCED T WIDOWED [ TOP RIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) Rukert Terminals Maryland 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page 1 (done duping most of working life, even if ratred) hould be executed with the Pages 1, of the pages 1, office along with form PM3. Page a burial-transit permit. Fire pages 1 as a burial-transit permit. Fire pages 1 as a burial-transit permit. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 Nichols Gertrude Retkrock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) Warren E. Nichols, 1226 St. Paul Street Office along with burial-fransit perm be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a,, (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease. DUE TO removal, Tils certificate should Conditions, if any, which (b) "penging" gave rise to immediate cause rc. DUE TO (a), stating the underlying Examiner' SE ծ nsed ion, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8 19. WAS AUTOPSY CERTIFICATION PERFORMED? .8 cremat te the certificate, writing the more forwarded to the Chief Medical L DIRECTOR: Page 3 should be X NO should 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | INTINCAL MXAMMER: burist, CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work Partial prior 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inquiry and in my opinion agent, Natural causes Undetermined manner death resulted from-Accident Suicide Homicide CHIEF MEDICAL EXAMINER [ designated ACTUAL should be form ASSISTANT MEDICAL EXAMINER 📆 DATE SIGNED SIGNATURE Þ DEPUTY MEDICAL EXAMINER 7/26/60 EXAMINER'S Charles S. Petty, NAME (Typa) Address (Street, city, town, or county) 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION.I 7 22d. LOCATION (City, lown, or country) (State) E BURI AL Loudon Park Cemetery Baltimore ₽40 23. FUNERAL DIRECTOR ADDRESS. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME JUL 2 9 '60 Onthur & Trans William Cook, Inc., 1217 St. Paul Street 5M 7/59

it.

netro

a to the same

.

· P · f

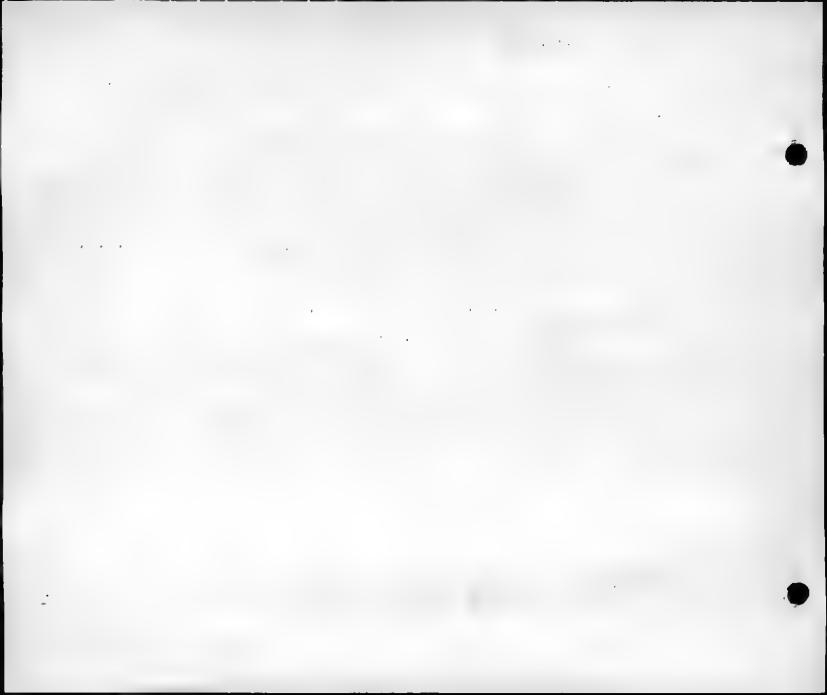
		MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 10
TO 0 0T	A 700	ウロウス MEDICAL EXAMINER'S CERTIFICATE OF DEATH ロウウミウ
FOR ST.		Reg. Dist. No. (U)
HEALTH	DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
8 B . £		O. COUNTY 12 A L +0 MARYLAND O STATE PALLO & COUNTY
Page Section 1		CITY OR TOWN (If ourside corporate limits, write PUPAL C. LENGTH OF STAY IN 16 C. STAY IN 16 C. LENGTH OF STAY IN 16 C. LENGTH
H He	A A	and give nearest total
Store (	IAI	DUNGATIC 3mos 23day april 19, 7 enneyl, a me
dir.		TO NAME OF HOSPITAL OR INSTITUTION (II not a hospital, give street address)
- 5 8		BROPNING HUMY-NR. DINGANG AVE 528 - 1. 22 2. 20 YES NO.
i e i e i e i e i e i e i e i e i e i e	1 .	3. NAME OF - , First Middle , Lost 4 DATE Month Day Year
de sa de	-	DECEASED I ADMAN
5484	4	
00 25 40		5. SEX 6. COLOR-OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In your lift UNDER 1YEAR IF UNDER 74 HPS
- E E S 5		1 12 7.7 ( WIDOWED   DIVORCED   March 46, 1-78   3/ yrs.   March 46, 1-78
de Sagar		100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?
749828	. * /	during most of working life, even if retired)
第二二章		13. FATHER'S NAME 2 14. MOTHER'S MAIDEN SHAME (FORTEW)
A Sign		
a Pour		unknown 1 hand y It Builler
Tile Tile		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address  Address
4 - 5 G		4.1 1948 - Little 204-22-2963 Durance Gerando to 7t Hoursely
是 00 年 E .E		18 CAUSE OF DEATH [Enter only one couse per Interior (o), (b), and (c) ]
p Bud		PART I DEATH WAS CAUSED BY.
報告を行う	-	IMMEDIATE CAUSE (0) COMPOUND & TOTE OF SCULL
in in in in in in in in in in in in in i		DUE TO Charles
100 F		Conditions, if ony, which) (b) CRUShed Mes!
5 5 5		gove rise to immediate cause ( DUE TO
ine ine b	,	couse fort.
S G S S		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY
ad Explain		PERFORMED?
Sugar Control		YES NO TO
be di		200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING   20th DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port
M Por		
中一直		20c. TIME DE INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 120k (City or town) (County) (Stote)
W CONT		after p.m 7-4 19601 of work of
The the same		
AAMTI Po		21 1 certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry and in my
6 8 6 E	*	opinion death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined monner
CTO	· j	mas
Par Par Par Par Par Par Par Par Par Par	1966.9	SIGNATURE M.D. CHIEF, MEDICAL EXAMINER
= 8 - D 5		ASSISTANT MEDICAL EXAMINER []
d A Sign		EXAMINER'S IV GO I) OAL G AA
S de la contraction de la cont		
S S S S S S S S S S S S S S S S S S S		220 BURIAL CREMATION, 226 DATE THE EOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Signal)
0000		Rene 7x 7/1,66 Howard Tunes 170 & That very lenery made
		23 FUNERAL DIRECTOR'S SIGNATURE 2 ADDRESS LE ADDRESS LE LA
VS A15ME 5M 2/57		Each is with it is superate the backers of Mich DATE AUG 2 '60 Onthone & thouse
2111 27 31		The state of the s



07769

PLACE OF DEATH				2 USUAL RESI	DENCE (Whe	ere decease	d lived. If institu		before ad	dmission)
Baltomore		MARY	rland	a. STATE	rvlan	d	b. COUNT	Balt:	imor	0
b CITY OR TOWN (If outs de corporate la RURAL ond give nearest town)	mits, write	c LENGTH OF STAY	IN 1b			Whe	orate limits, write	and the second s		
Rural Randallstown		Life	9	R	ural		Randal	Lstown		
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street a	ddress)		d. STREET	ADDRESS				e. IS	RESIDENCE
Marriottsville	Road		-	Mary	riott	svil	Le Road	1	YE	S NO 📆
DECEASED	irst	Middle		lo	il .	4. DATE OF		onth	Day	Year
(Type or print) Anni	e	Lee	,	Ode		DEATH			_20_	19 60
5 SEX 6 COLOR OR RACE	7 MARRII	ED 🔲 NEVER MARRI	ED 🔲 🖁	DATE OF BIRT	Н		9 AGE (In year			JNDER 24 HRS
Female White	WIDOWE	DIVORCE	D 🔲	July 2	28, 1	875	84 y		lays Ho	ours Min
10a USUAL OCCUPATION (Give kind of worlduring most of working life, even if retire Housevife	done 10b K	CIND OF BUSINESS O	OR INDUS	RY 11 BIRTHP	LACE (State of	2	ountry)			IAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	THE PARTY AND THE	and		<u> </u>	S.A.	
13. FAITER 3 NAME				14. MOTHER .	MULTER	WATE				
Henry Ehle					th Ho	1bro				
(Yes, no, or unknown) (If yes, give war or dates of		OCIAL SECURITY NO	) 17 IN	ORMANT			Ac	ddress		
No	21	8-32-197	73	Ruth 0	Eno	S	Randa	llstow	n. F	laryland
18. CAUSE OF DEATH [Enter only one	cause peg line	for (a), (b), and (c)	]	)	~-f					L BETWEEN
PART I, DEATH WAS CAUSED BY	PART I. DEATH WAS CAUSED BY: Carcinofild of ularing									
DUET DUET	0			/)						
Conditions, if one, which										
gove rise to immediate ( cause (p), stating the under-	0									
Indian course (ast	(c)									
PAIT II. OTHER SIGNIFICANT CO	ND TIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION C	GIVEN IN PART	(o) 19 W	VAS AUTOPSY
1 ( and - and	2000	Laza A	100							ERFORMED?
20g ACCIDENT WAS LINDERLYING	/	RIBE HOW INJURY O	CCURRED	(Enter nature o	of injury in P	art 1 or Pa	rt II of item 18 )			مر ت
PART II. OTHER SIGNIFICANT CO	1			(2000)	(,					
20c TIME OF INJURY Month, Doy, Y Hour a.m.		JURY OCCURRED	20e. PLA	CE OF INJURY (	Home, farm,	20f (Cit	y or town)	(Co	unty)	(State)
☐ Hour a.m. 5 p.m.	While at work	Not while at work	raci	ory, street, offic	e blag , erc.,	1				
			-		100	or and	7/00	1	<i>K</i> - 1 - 1	***
21 I certify that (I) (this haspite	affende				. 7	0				(1) (we) last
saw the deceased alive an /	<u> </u>	19 <u>= 4</u> and	that di	eath accurre	d at2	M, fram	fhe causes o	and an the	date sta	
220 SIGNATURE	1 - 1			ATTENDIN	GME	D	STAFF			22b. DATE SIGNED
1/27:10, 1/1	RILL	La harrier	A	D PHYS	DIR	ECTOR [	PHYS 🔲			
22c PHYSICIAN'S NAME (Type)	hA.			22d ADDR	ESS	11-	unet	,	1	1
WMIF.	1"14G	RIN		DA!	KL'H	1/51	OVY	<i>(</i>	1	101
23a BURIAL, CREMATION, 23b DATE THER	OF	23c. NAME OF CEM	ETERY OF	CREMATORY		23d LOCA	TION (City, fowr	, or county)		(State)
Burial 7/22/	60	Mount P	arar	Ceme	2777	Ran	dallst	mon .	Mary	rland
24 FUNERAL DIRECTOR'S SIGNATURE	04	n ADDRESS	1 4	110	1 25a PEC'E	BY REGIS	TRAR 25h RF	GISTRAR'S S GN	NATURE	
Inthon K. TVAIL	AS	LINK I DIN	1.	/// A.	DATEJUL	25'6	0 0	nthun 8 H	inch	
- America / F / rang	101	The state of the s	,,	.,,						

VR A15 (4) 15M 9/59



TO HOSE

VR A1S (4) 15M 9/59

jj:

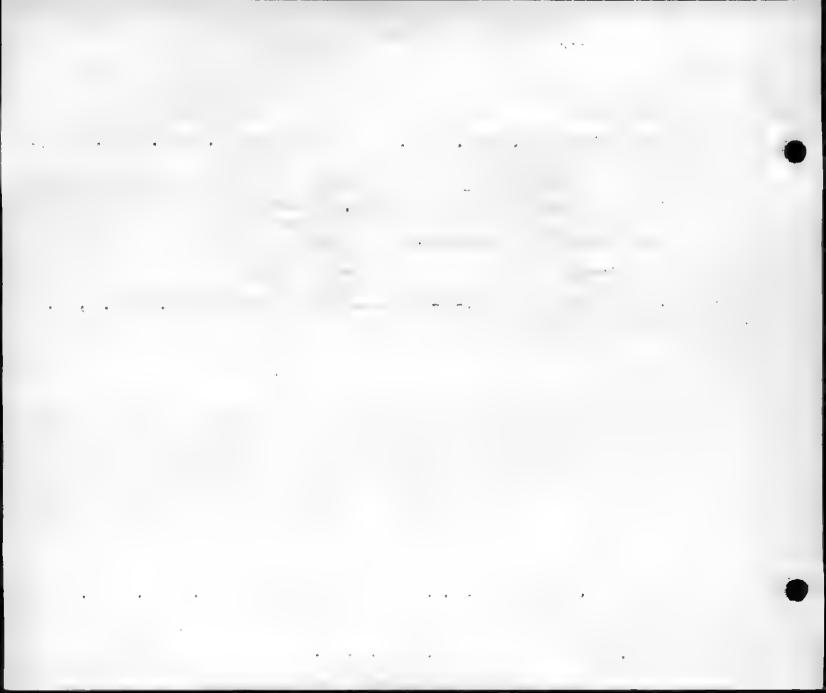
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY  Bal to	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md o	nere deceased lived. If institution b. COUNTY	Residence before admission) Balto
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodlawn	c. LENGTH OF STAY IN 16	c city or town (if a	outside carparate limits, write RL	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON 2702 Gwynnmore Ave.	oddress)	d. street address 2702 Gwynnin	ore Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Glenna (Type or print)	Middle Davis	Paxton	4. DATE Mont OF Ju.	
5 SEX 6 COLOR OR RACE 7. MAR Female White WIDOW		B. DATE OF BIRTH Sept. 17,187	9 AGE (in years lost birthdoy) 83 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  Retired Homemaker	KIND OF BUSINESS OR INDU	Virginia	or fareign country)	12 CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	AME	
Henry Davis		Mary Mino	r	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	IFORMANT	Addre	èss
	none M	r. R. Irving	Paxton - 4038 7	The Alameda
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	une for (o), (b), and (c)-] Uremia			INTERVAL BETWEEN ONSET AND DEATH 2 CAYS
Conditions on, which gave rise to immediate couse (o), stoling the under-lying couse lost.	eriosclerotic c	ardio-vascula	r disease	10 years
PART II OTHER SIGNIFICANT CONDITIONS.  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition givi	EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Port II of item 18 )	
A Hour o.m. While	NJURY OCCURRED 20e PL.	ACE OF INJURY (Home, form ctory, street, office bldg., etc 米米米	20f. (City or town)	(County) (State
21. I certify that (I) (Mrs hospital) attends aw the deceased alive an JULY				d an the date stated above
220 PHYS CIAN'S	Mo Kardy	M.D. PHYS 🕮 DI	ED STAFF RECTOR PHYS	7/13/60 S GNED
NAME (Type) Millard T. Traba	and, Jr. H. D.		l Gwynn Oak Av timore, 7, Md.	·e.
230. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify)  Burial. 7/11/60	23c NAME OF CEMETERY O	Mem. Park	23d. LOCATION (City, lown, o	
Jam y Vickener Y	Hous - Pas	DATE DATE		Inches & GNATURE



c. CITY OR TOWN (If outside carporate limits, write RURA), and give nearest town) e IS RESIDENCE ON A FARM? 7614 Wilhelm Ave. Balto. 6, Md. YES NO -Year July 3 10 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? USA John Penta 7614 Wilhelm Ave. Balto. 6. Md. INTERVAL BETWEEN ONSET AND DEATH hv. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO F (Caunty) (State) 192 Othat I last saw the deceased and that death accurred at FP.M. from the causes and on the date stated above. TO FUNERAL DIRECTOR: 3 shauld PHYSICIAN'S NAME (Type) he registrar 8019 Philadelphia Rd. Balto. 6, Md. 7/3/60 220. BUR AL, CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) page (State) July 7. 1960 Holy Redeemer Cometery Baltimore, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Philip E. Cvach 1211 Chesaco Ave. Balto. arthur S. Krous 1SM 9/SB

VS A15 (4)



MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be cremotian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Mary land buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! Baltimore County - Catonsville Caton sville 2mth5dvs 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) / d. STREET ADDRESS ď STATE HOSPITAL 11 Wade Avenue NAME OF First DATE Middle Month for your DECEASED OF (Type or print) Oscar Pulliam 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year lost birthday) 2 with the FUNDER TYPAR IF UNDER 24 HRS. (In years Months WIDOWED DIVORCED [" 18. white 3 to male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fereign country) during most of working life, even if retired) gug Virginia Unknown тау 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages podes Unknown Lucietta Gerring 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Give 219-10-685/ unknown Records: SPRING GROVE STATE HOSPITAL PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Congestive heart failure MAMEDIATE CAUSE (o) Item far DUE TO in the Fn-umonia Bronche Conditions, If ony, which (b) olana w gove rise to immediate cause buriol DUE TO (o), stating the underlying of right hip (Temur Accident Fracture couse lost. pending" in iner's Office of Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ŝ CATION 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) Pt. Was found Examiner 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | intertrochanteric frac. of rt. femur - do not know the 20c. TIME OF INJURY Month, Day, Year PLACE OF INJURY (Home, form, 1 20f. (City or town) writing the wr thief Medical F factory, street, office bldg., etc.) White Not while 19 60 of work of work Catonsville 28. Maryland hospita] 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I Inquiry I. to the Chief death resulted from: Natural causes ... Accident ], Suicide . Homicide Undetermined cause MEDICAL ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER T FUNERAL orwarded **EXAMINER'S** George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER DO NAME (Type) 30 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) REMOVAL (Specify) ٥ 60 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Vs. A15ME(5) '60 5M 9/55

WARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No.

Days

U. S. A.

(County)

Baltimore

e. IS RESIDENCE ON A FARM?

YES AND T

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO

NO [

(State)

and find that

DATE SIGNED

(Stote)

19 (5-6)



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

7794

## **CERTIFICATE OF DEATH**

07773

-		
1.		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE ARYLAND b COUNTY BALTO.
,	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  TOWSUN	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7402 Knollwood Road	d STREET ADDRESS 1402 KNOILLWOOD RD (NU) e. IS RESIDENCE ON A FARM? YES I NOT
	3. NAME OF First Middle	2NELL JOLY Day Year DEATH JOLY DEATH JOLY 1960
S.	S. SEX    6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8. D	IS A DEP LATER OF THE PARTY OF THE
	Ou USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired)  Purnell Art Galleries	BALTO. AD U.S.
13.	WASHINGTON ROBY PURNELLST	. NORA WORTH
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFO (Yes. no. or unknown) (If yes, give wor or dates of service) 219-32-6779	RMANT PURNECL SAME
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) CEREBRAL HE  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last.	INTERVAL BETWEEN ONSET AND DEVISED ON SET AND DEVIS
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200 ACC DENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (ED.)  OR CONTRIBUTING CAUSE OF DEATH	T RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NOW  Enter nature of injury in Part 1 or Port 11 of Item 18 }
MEDICAL CER		OF INJURY (Home, form, 20f {City ar town} (County) (State) , street, affice bldg., etc.}
	21 I certify that (I) (this haspital) attended the deceased from 1/24 and that deal 22a s GNATURE	th occurred at 5 AM, from the causes and an the date stated abave  ATTENDING  PHYS  DIRECTOR PHYS  TO 1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last  1960, that (I) (we) last
	22c PHYSICIAN'S NAME (Type)	301 E UNIVERSITY PRY
230	236 BURIAL CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CE	
24	Rem of 1 les res fore address med	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATE JUL 2 6 '60 Carling S. Thank
-		

completely filled in by the funeral director, pages 1 and 2 should be filed with ours after death. TO HOS:

TO ADOS

TO HOS

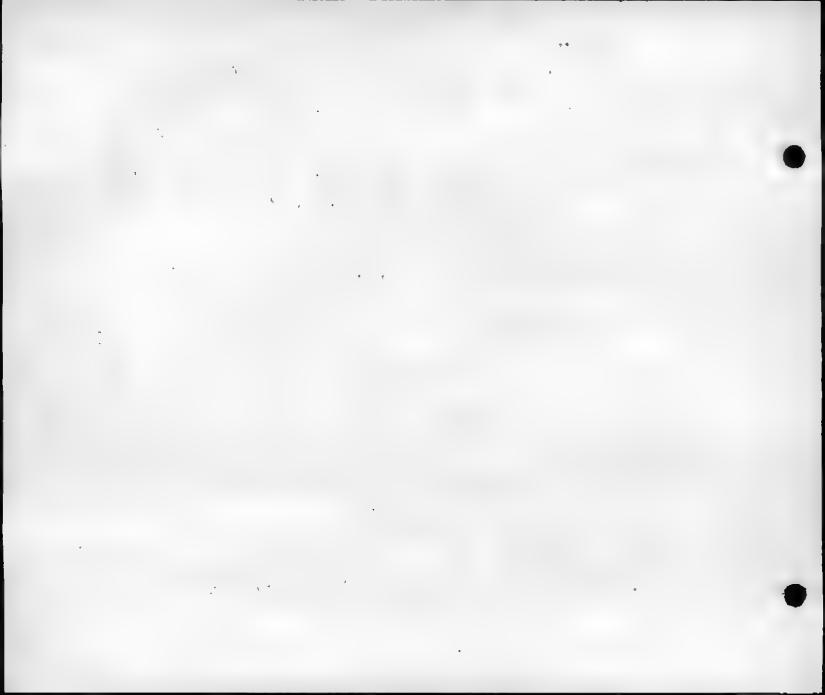
TO HOS

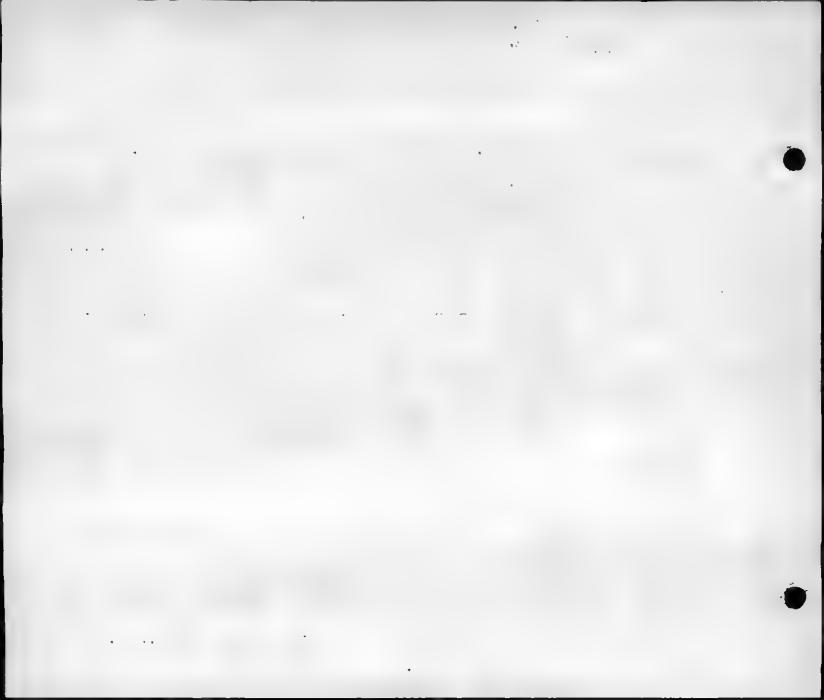
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on completely filled page 3 should be detached for use as the buriol transit permit. Then please remove carbain print Pages 1 the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 yours after death

s after death. Page 4

VR A15 (4) 1SM 9/S9





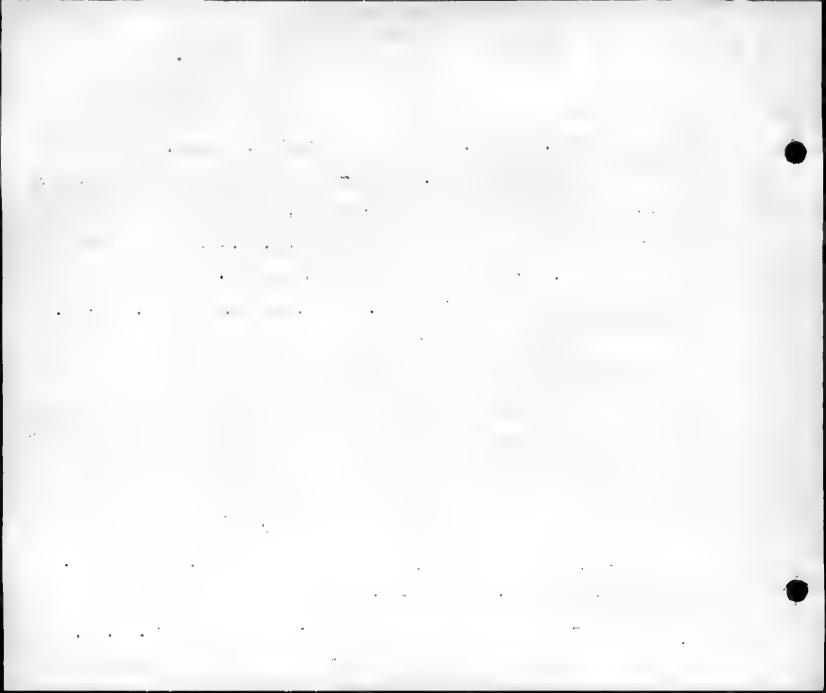
ARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18
-------------------------	---------------------------

7796 **CERTIFICATE OF DEATH** 

M

(17775) Reg. Dist. No.

1 PLACE OF DEATH o. COUNTY				2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
Baltimore				ND	o. STATE Maryland Baltimore						
b. CITY OR TO	b. CITY OR TOWN (If autside carporate limits, write   c LENGTH OF STAY IN 1b				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
KOKAL GIN	RURAL and give nearest town) Fullerton				1	Fulle	rton				
d. NAME OF OR INSTITU	HOSPITAL (If not in haspital,	give street	address)		d STREE	ADDRESS					RESIDENCE
OK INSTITU	Box 21 E. J.	ากกล	Rd.		1	Box 2	I E T	oppa Rd.			N A FARM?
3 NAME OF	· · · · · · · · · · · · · · · · · · ·	rst	Middle			Last	4. DATE	Mor	nth	Day	Year
(Type or print) Nell's		1116	G.		Reed		OF DEATH	To	ılv	3.0	19 60
5 SEX	6. COLOR OR RACE		RIED T NEVER MARRIED		DATE OF BI	RTH		9 AGE (In years	FUNDER 1	YEAR IF J	NDER 24 HRS
Female	White	WIDOW	A.M.		March	26.	188).	lost birthday) 76 yrs.	Months	Days Hou	urs Min.
10a. JSUAL OCC	CUPATION (G ve kind of work	done 10b.	KIND OF BUSINESS OR						12 CITIZ	EN OF WHA	AT COUNTRY?
1	of working life, even if retired	))	At Home			Dol +	o. Co.	Ma		TTC 8	
13. FATHER'S NA		l	AO HOITE		14. MOTHE	R'S MAIDEN	NAME	INO.		USA	
	Walter C. G		17			T	. 0				
15, WAS DECEAS	SEDEVER IN U. S. ARMED FO	ambri.		INI	FORMANT	Imog	ene U	rens Add	lress		
(Yes, no, or unknown				7 F	D 4	T			-		
No CAUSE	Or DEATH IT			Mr.	Lawid	H	eed Sr.	Box 21	E Jo	ppa R	BETWEEN
	OF DEATH [Enter only one of it. DEATH WAS CAUSED BY:			* *						ONSET A	ND DEATH
I	IMMEDIATE CAUSE (		ute myocar	cdia	al in	arct	tion			1 hour	
-	20 DUE TO										
	s, if ony, which (	<u>)</u> <u>C</u>	oronary th	ror	nbosi	S					
	stating the under-	)									
lying cous		c)								l	
PART PART	II. OTHER SIGNIFICANT CON	ADITIONS 6	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED	TO THE TER	RMINAL DISEAS	E COND TION G	ven in part	1(a) 19 W.	AS AUTOPSY RFORMED?
∑ Dia	betis melli	tus								YES	□ NO X
□ OR CONTRI	ENT WAS UNDERLYING DEATH BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED	(Enfer notur	e of injury (	in Port I or Por	t II of item 18.)			
ZOC. TIME OF	FINJURY Month, Day, Ye	rar 20d II	NJURY OCCURRED 2				orm, 20F (City	or town)	(Co	ounty)	(Stofe)
Hon.	o. m. p. m.	While	Not while	lacto	ary, street, af	hice bldg , e	etc.)				
1 -	ify that I attended the		7 7	י איני	18	₫Ř.	T11737 7	260	<u> </u>		
alive on_	July 12	, 19	60 and that d	eath a	accurred			the causes an			ted obove.  DATE SIGNED
ACTUAL	-10		5 8		0	660	- 1-	Rd Ba			_
SIGNATURE	- Leads	4	X. Koth	M	.D	000	ретатт.	nu ba	TIO	المالا و ر	/13/60
PHYSICIAN' NAME (Type		Ē.	Eváns, M.	D.							/15/00
220 BURIAL, CR	EMAT ON 226. DATE THERE	OF	22c NAME OF CEMET	ERY OR	CREMATORY		22d LOCA	T-ON (City, town,	or county)	(	State)
REMOVAL(	7-16-196	50	Camp Chan	el l	Method	ist	Jonna	Rd. Rel	to Co	_ MA_	
23. SUNERAL DIS	ECTOR'S SIGNATURE		ADDRESS	, .	0 6		C'D 8Y REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	
Jassalin	Junearal Ho	M.E.	7401 Ret	au	Rol.	DATE	JUL 1 4	'60	Chillan d	P. Krua	



VR A1S (4)

1SM 9759

07778

e. IS RESIDENCE

Hours

Days

ON A FARM?

YES NO

Year

1960

12. CIT-ZEN OF WHAT COUNTRY? U.S.A. Balto. 12, Md. Mr. G. Kenneth Reiblich 6311 Boxwood Road INTERVAL BETWEEN ONSET AND DEATH me 11 Los PERFORMED? YES NO (County) (Stote) and that death occurred at 136 M. from the causes and on the date stated above SIGNED Balton 23d LOCATION (City, lown, or county) (State) **ADDRESS** 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE TIL 7 arthur & Thomas 8728 Liberty Road Randallstown, Md.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7799

V -								
1	PLACE OF DEATH O. COUNTY  Ba Ho  MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY (3.000000000000000000000000000000000000						
	b. CITY OR TOWN (If autside carporate limits, write RURA. and give nearest town).							
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OF THE STATE OF THE	d STREET ADDRESS  455 Main Street  o is residence on a farm? YES NO [						
3	NAME OF First Middle DECEASED (Type or print) Tyed YIK	le Cosi 4. DATE Manth Day Year OF DEATH July 13 1960						
S	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCES	lost birthdoy) Manths Days Hours Min						
1	Da USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS O during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  U. S.						
1	George Reter	Catherine Lins						
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO NO NO NO 114-2391	O. 17. INFORMANT Address Mrs. Mary E. Reter Reisterstown, Md.						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  PART I. DEATH WAS CAUSED BY:  DUE TO  Lying cause last.	Soleway grandie Orfron						
14 00 14 00 15	PART II. OTHER SIGNIFICANT CONDIT ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a) 19. WAS AUTO PERFORMED TO THE TERMINAL DISEASE PERFORMED TO THE TERMINAL DISEASE PERFORMED TO THE TERMINAL DISEASE PERFORMED TO THE TERMINAL DISEASE PERFORMED TO THE TER							
		OCCURRED. (Enter nature of injury in Part I at Part II of item 1B.)						
4 (1)	20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED Have a m 19 at wark at wark at wark	20e PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State factory, street, affice bldg., etc.)						
j	21   certify that (1) (this haspital) attended the deceased from 7   C   1960 to 7   3   1960; that (1) (we) last saw the deceased alive an 6   12   1960, and that death accurred at 11 AM, from the causes and an the date stated above 270 SIGNATURE ATTENDING MED STAFF 3 SIGNED							
. 17	22c PHYSICIAN S NAME (Type) CLIFF RATLIFF.	MD PHYS DIRECTOR PHYS D 7/13/60						
2		METERY OR CREMATORY 23d LOCATION (City fawn, or caunity) S Luthern Balto. Co. Md.						
2	J. F. Eline & Sons Reisterstown. Mo	250 REC'D BY REGISTRAR 25b, REG STRAR'S SIGNATURE						



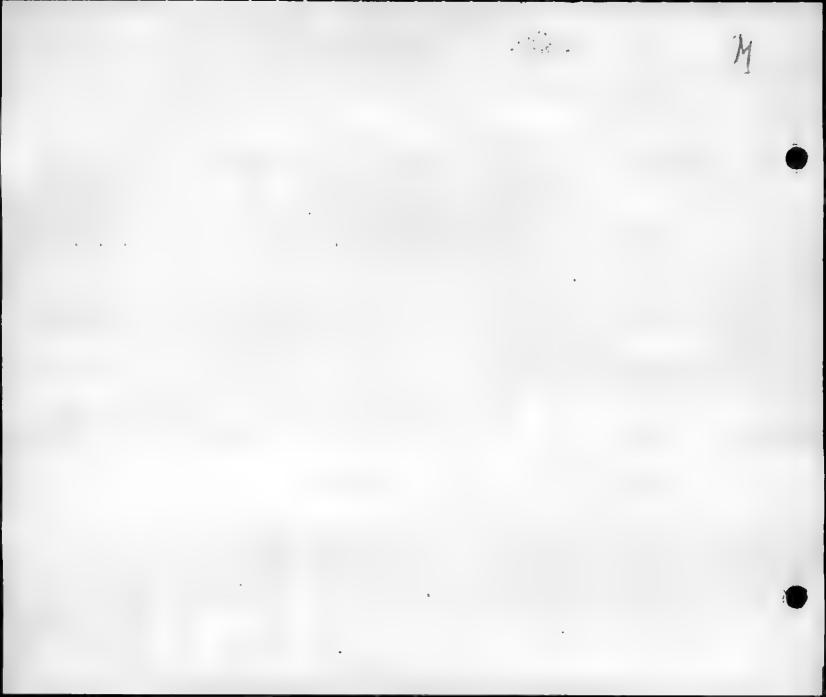
VR A15 (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMOPE

CERTIFIC ATT

EARCH AND RECOR	CDS — BALTIMOKE I, MAKTLAND	as property.
FICATE OF	DEATH	07778

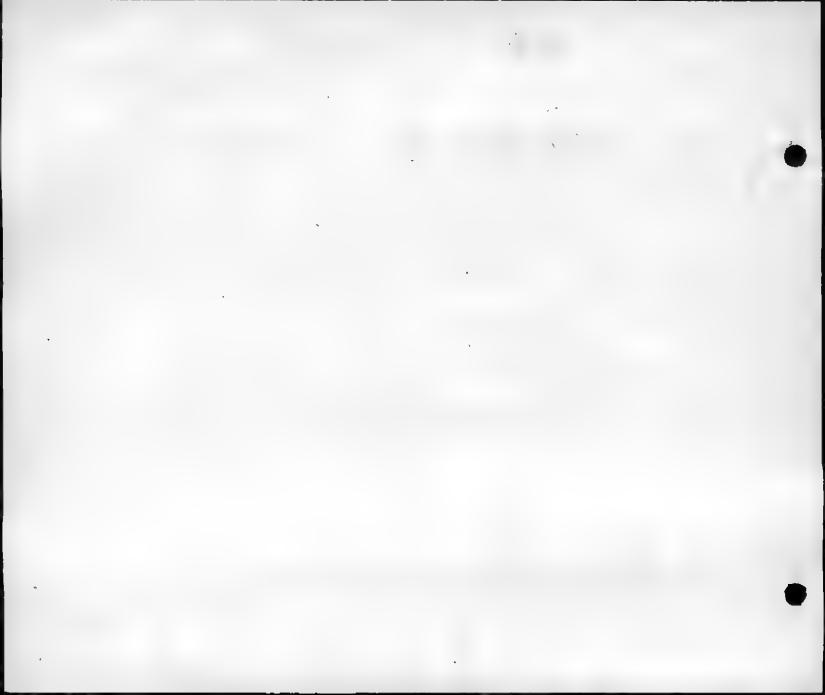
PLACE OF DEATH		2. USUAL RESIDENCE (WE	nere deceased lived. If institution	Residence before admission)				
Baltimore	MARYLAND	Maryl	and b. COUNTY	✓				
6. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Catonsville	7vr6mth5dvs	Baltimon	ê w	Ville				
d NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE					
	РТФАТ.	3703 Virgi	nia Avenue	ON A FARM? YES NO D				
3 NAME OF First	M.ddle	Last	1					
DECEASED (Type or print) Joseph	Clermont	Rivers	OF DEATH JULY	Day Year 19 19 60				
5 SEX   6. COLOR OR RACE   7 MARR	IED NEVER MARRIED	B DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS				
male white whowe		June 15, 187	7 last birthday) 82 yrs	Manths Days Hours Min.				
10a USJAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?				
woodwork 7%	note Co.	New Jers	ev	U. S. A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	- <i>u</i>					
to control II Dimens		373 - 3 - 43	14					
Aunstus H. Rivers  15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117.	NFORMANT	Stevenson					
(Yes, no, or unknown) (If yes, give war or dates of service)								
un' nown   2	13-09-9858 R	ecords: STRIN	G GROVE STITE	HOS'IT AL				
IB. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH				
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pul	monary tuberc	ulosis with et	fusion	ONSET AND DEATH				
DUE TO								
Canditions, if anywhich )								
gave rise to immediate	gave rise to immediate							
cause (a), stating the under-	cause (a), stating the under: DUE TO							
/ (9								
lĕl _old _	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(a) 19. WAS AUTOPSY PERFORMED?  Cerebral Vascular accident - Generalized arteriosclerosis  YES  NO							
E 20 ACC DENT MAS ANDERSON OF JOSE DECC				100				
WAS JUDGET OF DEATH   CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	200 ACC DENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
3 20c TIME OF INJURY Manth Day, Year 20d. IN	NIURY OCCURRED 20e. P	LACE OF INJURY (Hame, farm	, 20f (City or town)	(Caunty) (State)				
ZOC TIME OF INJURY Manth Day, Year 20d. IN Haur a.m. p. m. 19 at world	IAMI WING	actory, street, office bldg , etc	.)					
21. I certify that (I) (this haspital) attend	ed the deceased from	July 12 19	60 to July 19	_, 19 60, that (I) (we) last				
saw the deceased ative an July	19 19 60 and that	7.15	`_	an the date stated above.				
22a SIGNATURE	/ /	dedili decorred di	m, from the cooses uno	22b DATE				
( ) . //	/ -	M.D PHYS. ATTENDING M. DI	ED. STAFF RECTOR PHYS.	7-19-60 SIGNED				
22c. PHYSICIAN'S		22d ADDRESS						
NAME (Type) Stella Wachsle:	m M D.	51		ATL HOSTITAL				
Diella Maciisto.	1 3 110 1/0	Ca	tonsville 28, c	aryland				
230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY	dial Crus	23d LOCATION (City, town, or	Top Louch. P.				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ()	Pol- 250. REC'	D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE				
Charles & Converse	Say head	Care DANEIL	2 0 '60	1 L. Kraus				
form I comment	1000	EMAG VARUL	a b oo Circum	I A. IVILIA				
4 1/								



VR A15 (4) 15M 9/59 7800

**CERTIFICATE OF DEATH** 

1 PLACE OF DEATH B ally	LOSE MARYLAND	2. USUAL RESIDENCE (W)		institution, Residence OUNTY Bal	before admission)
b CITY OR TOWN (If outside corporate lin RURAL and give apprest Ipwn)	its, write c LENGTH OF STAY IN 1b	c. CITY OR TOWN IN	17	write RURAL and gre	re nearest Jown)
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION 190	give street address)	d. STREET ADDRESS	Steine nut	n Rev.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Maddle スパンルベ	Lost	4. DATE OF DEATH	Month	Day Yeor 1966
5. SEX. 6 COLOR OR RACE	WIDOWED DIVORCED	B DATE OF BIRTH	1948 9. AGE (11 lost bir	thday) Manths D	YEAR IF UNDER 24 HRS Days Hours Min.
10a USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b. KIND OF BUSINESS OR INDU	1000	terreign country)	Med 12 CITIZE	H- S/H
13. FATHER'S NAME Lat	Rigueta.	14. MOTHER'S MAIDEN N	NAME.	/ luni	(it)
15. WAS DECEASED EVER IN J S ARMED FO		Ly Stuad 1	istoka	-7909 / v	Hereral.
18. CAUSE OF DEATH [Enter only one of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	7 1	× ×			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	D () 1	•			
gove rise to immediate cause (a), stating the under-	•				
PART 11. OTHER SIGNIFICANT COL	nditions <u>contributing</u> to death bu	T NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II of Hem	18.)	
20c. TIME OF INJURY Month, Doy, Y Hour a.m. 19	ear 20d, INJURY OCCURRED 20e P While Not while of work at work	LACE OF INJURY (Home, form actory, street, office bldg., etc.		(Co	ounty) (State
21 I certify that (I) (this hospital sow the deceased alive on		deoth occurred at 25			_, that (I) (we) as: date stated above
220 SIGNATURE	intern	M.D. PHYS.	ED STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S Your	9 auklic	1401 KeL	1122		
230 PURIAL CREMATION 236 DATE THERE	230 NAME OF CEMETERY	Enelyne.	23d LOCATION (City)	town, or county)	Tiet (State)
24. FÜNERAL DIRECTOR'S SIGNATURE	12 GOODS	-of 2/8 - 1.	D BY REGISTRAR 25	b. REGISTRAR'S SÍGI	



VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7801 CERTIFICATE OF DEATH

07780

	1001		0		Reg. Dist. No.
1 PLACE OF DEATH	1			here deceased lived. If institution	Residence befare admission)
o. COUNTY	TIMORE	MARYLAND	O. STATE	b. COUNTY	RALTO
b CITY OR TOW	N (If autside carporate I mits, write	c LENGTH OF STAY IN 15	**	autside carporate limits, write RU	
	e nearest town)	1 1 1 2 2 7 2	V ENL	ERTON.	
d. NAME OF HO	SPITAL (If not in hospital, give street	oddress)	STREET ADDRESS	ERIOO.	e. IS RESIDENCE
OR INSTITUTION		#6. Mp.	15122 E	BLAIR RP.	YES NO
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	FRANCE	s. C.	ROHE.	DEATH VOL	7 9 1960
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B DATE OF BIRTH		Months Days Hours Min
FE-MAI	E WHITE WIDOW	/ED 🛣 DIVORCED 🗌	MARCH 26,	1888 72 yrs.	Thomas Days 110012 Italia
10a JSUAL OCCUP. during most of	AT ON (Give kind of work done 10b. warking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11 BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11	FWIFE 1	HOUSE WIFE	AUSTR	IA	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
FRAI	DR. VANIK		JOSEPH	INE UNKNO	www.
15 WAS DECEASED [Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Addre	" New RD
No	7	17-26-2706	STANLE	Y RIEIDE	R 4502 086E
18. CAUSE OF	DEATH [Enter anily one couse per le	ine for (o), (b), and (c).]	410.	1	INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	cute mysc	aidial ind	orction	2 hours
-	DUE TO		. /		
Candit ons,	fally, which ) Is Co	ronou en	Teriosclero	ris	4 drs
gave rise to cause (a), stati	immediate DUE TO	- 00 1	Þ		
lying cause la		Teriosclerot	à condiova	iscula d'reo	ne 10 ym
O PART Is.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
3 gen	enalized on	teauth	i his		YES NO Z
20g ACCIDENT OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING   206 DES	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Part II of item 18.)	
(IF EITHER, NOT	IFY MEDICAL EXAMINER)				
		C.	LACE OF INJURY (Hame, farractory, street, affice bldg., etc		(Caunty) (State)
Haur o.	16	rk at work	,,	"	
21. I certify	that I attended the deceas	sed from 12-17	7 1959 to	5-22 1960	hat I last saw the deceased
alive an	5-22 196	and that deat	h occurred at 12,50	M from the causes and	I an the date stated above.
	1	4	The second secon	ADDRESS (Street, city or town, st	
ACTUAL SIGNATURE	souti Au	102070	_M.D		
PHYSICIAN'S					
NAME (Type)_					
220. BURIAL, CREMA SEMOVAL (Spec	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or	county) (State)
BURIC	1 10.712,196	o ST JOSEF	PHS. CEM.	BALTIMO	ORECO MD.
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	1 - FT 24a. REC	D BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE
Dossal	in Treneral tho	me 740/13el	lau Rol DATE.	JUL 13 '60 C	iling 9 H



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7802

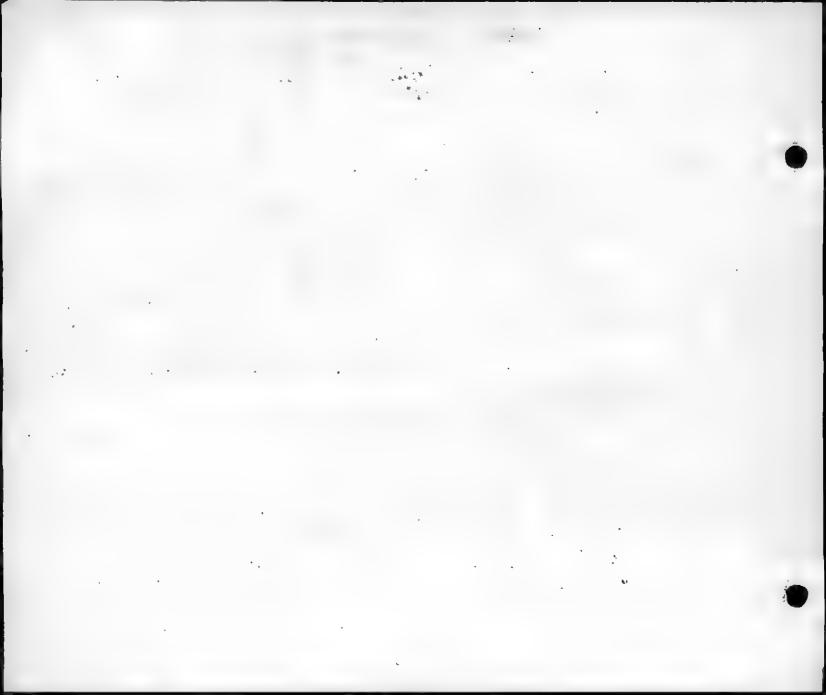
## **CERTIFICATE OF DEATH**

Reg. Dist. No. 78 1

1. PLACE OF DEATH					2. USUAL RESIDE	NCE (W	here deceased	d rived. If institution	on: Residen	ce befor	e odmissii	on)
a. COUNTY E	altimore		MARYLI	AND	o. STATE	Md.		b. COUNTY	Balt	.0.		
RURAL and give ne	f outside corporate limi arest tawn) NSV1116	ts, write	c. LENGTH OF STAY IN	ч 1ь			outside corpo	rate limits, write R	URAL ond g	give nea	rest town)	
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d STREET ADI	DRESS					e IS RESI	
OR INSTITUTION	106 Rosev	rood	Ave.		J 106 1	Rose	boows	Ave.				FARM?
3 NAME OF DECEASED	Fer	st	Middle		last		4. DATE	Man	th	Do	, Y	ear
(Type or print)	Harrie	t	B.		Rowe		DEATH	Ju:	ly	16	. 1	960
s. sex	6 COLOR OR RACE	7 MARR	ED DIVORCED		Nov. 18	3,18	387	9. AGE (In years last birthday) yrs.	Months	1 YEAR Days	Haurs	R 24 HRS Min
10a. USUAL OCCUPAT O	ON (Give kind of work a	ione 10b.	KIND OF BUSINESS OR	INDUS				ountry)	12 CITI	ZEN OF	WHATC	DUNTRY?
Houseke	-		Home		Mo	i.						
13. FATHER'S NAME					14. MOTHER'S M	AIDEN I	NAME					
W	illiam T.	Ba	rker		Ida	a I	E. Bre	ohann				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	41	NFORMANT			Add	ress			
No	ir yes, give war or or dates or s	THICE)		Mr	John :	I. I	Rowe :	106 Ros	ewood	A f	78.	
Candilions, if of gave rise to a couse (o), stating	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO	0	teriosclar	itu	c hype	nte	de	cardio	سعدسا	ONS	RVAL BET ET AND	DEATH
lying couse lost.	) (c										2 2444 0 4	1 vonet
PART II OTH	EK SIGNIFICANI CON	DIFIONS C	CONTRIBUTING TO DEAT	H BUT	NO! RELATED TO T	HE 1EKM	INAL DISEAS	E CONDII ON GIV	EN IN PAK	1 1(0) 11	PERFOR	NO C
	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURREC	), (Enter noture of i	njury in	Port I or Par	t II of item 18.)				
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Yes	20d. It While at worl	Nat while	0e. PLA fac	CE OF INJURY (Ho tory, street, office b	me, farn ldg., etc	n, 20f. (City	or tawn)	((	County)		(State)
	at I attended the 3 June 1	decease, 196			accurred at 1	10_10_10_10_10_10_10_10_10_10_10_10_10_1	ADDRESS (SI				stated	
220. BURIAL, CREMAT.O REMOVAL (Specify) Burial	7-19-6		22c. NAME OF CEMENT					TION (City, tawn, o			(State	)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2	4a. REC	D BY REGIST	RAR 246 REGIS	STRAR'S SIG	GNATUR	E	
Farley Fu	neral Hor	ne	Catonsvi <sup>-</sup>	110	Md n	ATELIII	2.1 '60	(1.1	Inn 8 3	Hans		

TO HOST the Anti-Company of the Argument of th 's after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A1S (4) 1SM 9/SB



## MARYLAND STATE DEPARTMENT OF HEALTH PRITY OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07782

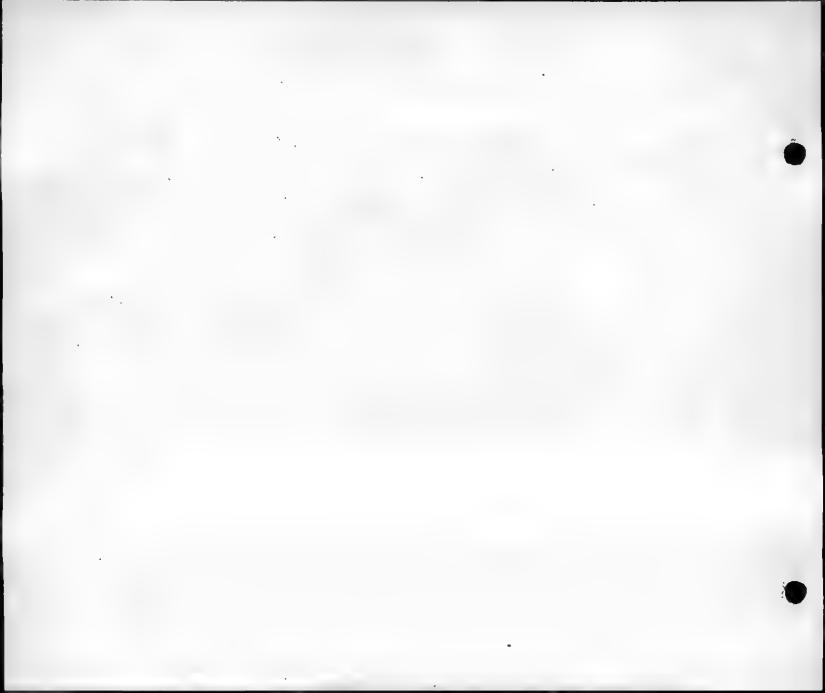
	1. P	PLACE OF DEATH				2. USUAL RESIDENCE	E (Where	deceased liv	ved. If institution		nce befa	re admissi	on)
		BALTIMORE		MARY	UNUMB		LAND	)	b. COUNT				
	Ь	CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	N (If autsi	de carporote	e limits, write R	URAL and	give nec	irest tawn	
		FORT HOWARD		6 DAYS		BAL	FIMOR	Œ	٠,	110	- /	- 1]	
1	c	J. NAME OF HOSPITAL (If not in hospital, gi	ive street	address)		d. STREET ADDRE	SS	-				e. IS RESI	DENCE FARM?
١	(	VETERANS ADMINIST	RATI	ON HOSPITAL		2222	BAN	ik str	PET				NO K
	3 N	NAME OF Firs	it	Middle		Lost	4.	DATE	Mon	ith	Do	у 1	fear
		Type or print)  JOHN		J		SABOY		DEATH	JUL	Y.	1	1 1	9 60
	5 S	EX 6. COLOR OR RACE	7 MARR	RIED NEVER MARRIE	D (23)	B. DATE OF BIRTH		9	AGE (In years last birthday)	IF UNDER			
		MALE WHITE	WIDOWI	ED DIVORCES		JUNE 8 18	392		68yrs.	Manths	Doys	Haurs	Min.
	10a.	USUAL OCCUPATION (Give kind of wark d during mast of working life, even if retired)	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (	(State ar f	foreign coun	try)	12, CIT	IZEN O	WHATC	OUNTRY?
1		Carpenter				Austria	B.			T	J.S.	A.	
	13	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAM	LE			-		
/		Joseph Saboy				Anna Fu	urgol						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17 IN	FORMANT			Add	ress			
	L1401	Yes WW I		nknown	C:	lin. Rec.,	VAH E	Balto	Md.,Ft	Howa	rd D	ivisi	ion
		18. CAUSE OF DEATH [Enter only one can	use per lin	ne for (a), (b), and (c).							INT	ERVAL BE	TWEEN
	ı	PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (g)		PERFORATION	V OF	STOMACH					ON:	IEI ANU	DEATH
7		190 DUE TO		CARCINOMA							1	UNKN	NWC
		Conditions, if any, winch-)- (b)											
		gave rise to immediate											
		lying couse lost.											
	ž	PART II OTHER SIGNIFICANT CONE		CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINA	L DISEASE C	ONDITION GIV	EN N PA	RT 1(o) 1	9 WAS	AUTOPSY RMED?
	Ā	Arteriosclerot	ic H	eart Diseas	se								NO K
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING	20b DES	CRIBE HOW INJURY OF	CCURRE	). (Enter nature of inju	iry in Port	1 ar Port II	af item 1B)				
		200 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c TIME OF INJURY Month, Day Yea		NJURY OCCURRED		CE OF INJURY (Home		20f. (City ar	tawn)	(	(Caunty)		(State)
	OS.V	Hauram, pm. 19	While at wor	Not while	100	tary, street, affice bldg	J., BTC.)						
		21 I certify that (\$) (this haspital	\ attone	and the decement	from 1	Tuly 5	1060	) to Ju	lv 11	10 (	50 th	ot 20 /	ve) last
		saw the deceased alive an Jul	v ll	19 60 and	that d	enth occurred of	0:25A	M from th	e causes an	on th	e date	stated	ahave
		220 SIGNATURE	V	:	mur ų	edili accorrea ai	<u> </u>	, HGIII III	c caoses an	0 011 111		221	DATE
,		W. 1		, ,	,	A.D. PHYS.	MED.	TOR 🗆	STAFF PHYS (X)			7/	12760
		22c PHYSICIAN'S	3100	-21 -		22d. ADDRESS						.,,	
		WALTER J. PI	JANO	WSKI		VAH Ft	HOW	ARD D	IV. Bal	to 18	. Má	1	
	23a	BURIA, CREMATION, 235 DATE THERE		23c NAME OF CEME	TERY O		230		<sup>N</sup> Bos'tor			(State	3)
		REMOVAL (Spec fy)  Rurial  7/45	60	St. Stanie	slan	s Cemetery		Balto					
	24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	No. of Section 1981.		REC'D B	Y REGISTRA	R 25h REGI	STRAR'S SI	IGNAŢŲ	RE	
		Emad II Opprovedni 300	0 Pa	orbonn fra 1	Dol 4	DAT	E 1121	13'6	0 0	J. Thung	8. 1h	att4	

is ofter death. Page 4 may be ... Suned by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this complicate Mas been signed by the ottending physicion and mampletely fulled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSE VR A15 (4) 15M 9/59



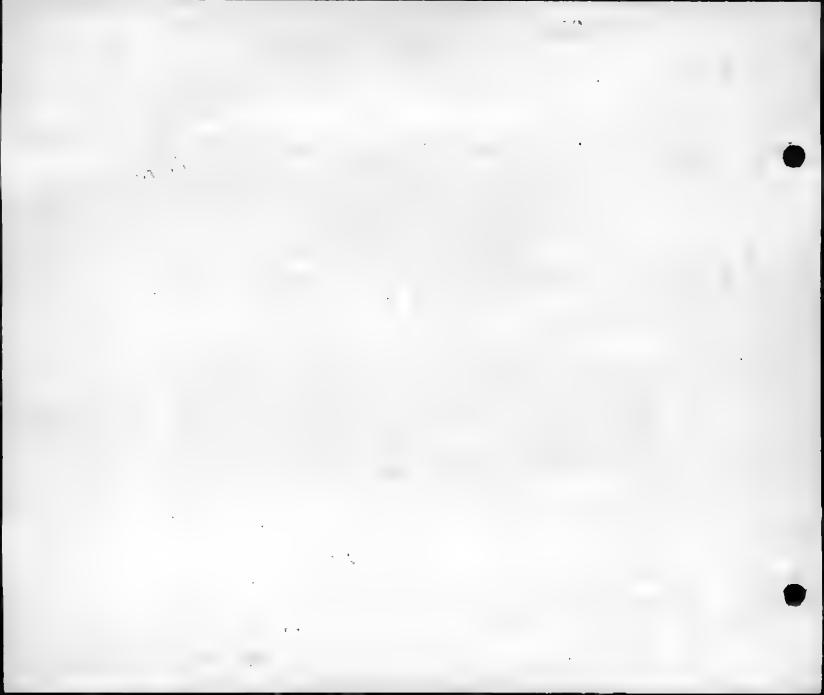


MARYLAND	STATE	DEPA	RTMENT	OF	HEAL	TH
	SECRES OF	A A MIN THE		A 1 - 1 - 1 - 1		

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	Ttem 14	CERTIFIC	ATE OF DEATH	()	7784
1	PLACE OF DEATH BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Where deceased o. STATE ARYLAND	b. COUNTY D	before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and gwaneorest town)  DALTIMORE	LIFE	C. CITY OR TOWN (If outside corporo		re nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give street odd or INSTITUTION 2 15 BLENKEI	4. 1	1 215 BLENNE	IM ROAD	e IS RESIDENCE ON A FARM? YES NO
36	NAME OF DECEASED (Type or print)	Aniddle (A	AUER OF DEATH	Month	Day Year 6
S	SEX 6 COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	B DATE OF BIRTH 2 - 19 01	lost by thday) yrs    AGE (In/years   IF LINDER 1   Months   D	YEAR IF UNDER 24 HRS Pays Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)  HOUSE WIFE	ND OF BUSINESS OR INC	BALTIMORE	ntry) 12 CITIZE	EN OF WHAT COUNTRY?
13.	FATHER'S NAME VATT		14. MOTHER'S MAIDEN NAME		
	WAS DECEASED EVER IN U. S. ARMED FORCES?  (f yes, give war or dates of service)	CIAL SECURITY NO.	R GEORGE E. SAUER SE	215 BALT 12	MD RD
	1B. CAUSE OF DEATH   Enter only one couse per line f . PART   DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (0), (b), and (c)] umal Carc	inomatosis		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if only, which gove rise to immediate	tatie concu	course right fumer	gr <sup>a)</sup>	
	lying couse lost.  DUE TO  (c) Claims	Сансиона	sommed colon		
ICATION	PART II OTHER SIGNIFICANT CONDITIONS CON	118	·		1(o) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b DESCRI	BE HOW INJURY OCCUR	RED. (Enter nature of injury in Port 1 or Port	c of item 1B )	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 while p.m. 19	Not while	PLACE OF INJURY (Home, farm, 20f. (City of factory, street, office bldg., etc.)	r town) (Co	eunty) (Stole
	2) I certify that (I) (this haspital) attended saw the deceased alive an 7 Hills	/ .	aut N	by July 1966 He causes and an the	2, that (1) (we) last
	220 SIGNATURE I' Barnaly		M D PHYS MED DIRECTOR	STAFF PHYS	226, DATE SIGNED
(	NAME (TYPE) OHA WBARANA	131	15.31 Elist	Har.	
23¢	BURIAL CREMATION, 236, DATE THEREOF REMOVAL (Specify)	CODLAW	NCEMETERY BALT	ON (C ty. town, procounty) TIMORE COUNTY	MARYLAND
21	ENRY W. JENKINS. FJOUS CO 490	S YORK RD.	BALT 12. DATE 12		NATURE E TURE

TO HOSE VR A15 (4) 1SM 9/59



Hartord Road

7805

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Baltimore

Months

IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(County)

6 min & Traces

(Stote)

ON A FARM?

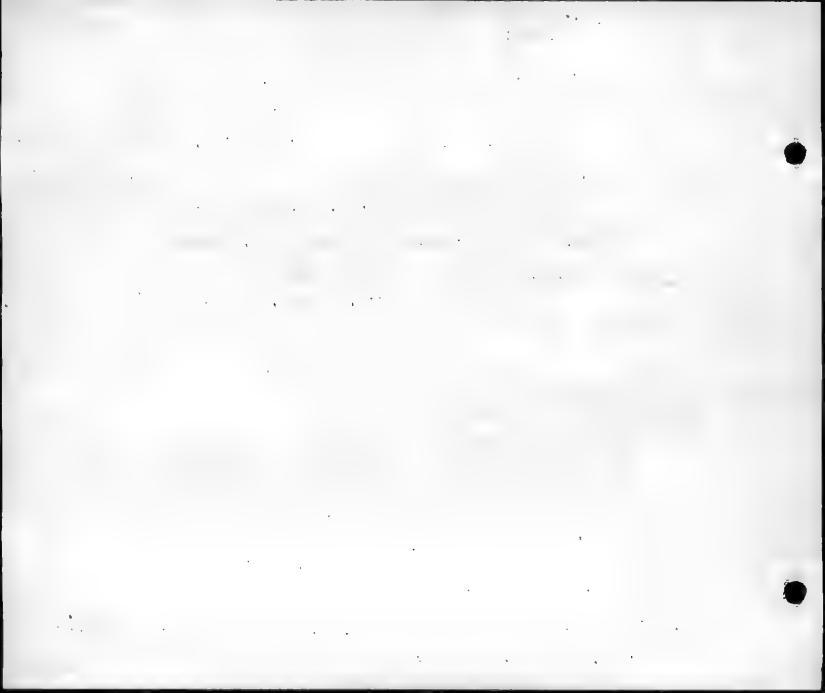
YES NO DAY

1960

tay be retained by the FUNERAL DIRECTOR:

VS A15 (4)

1IIM 9/58

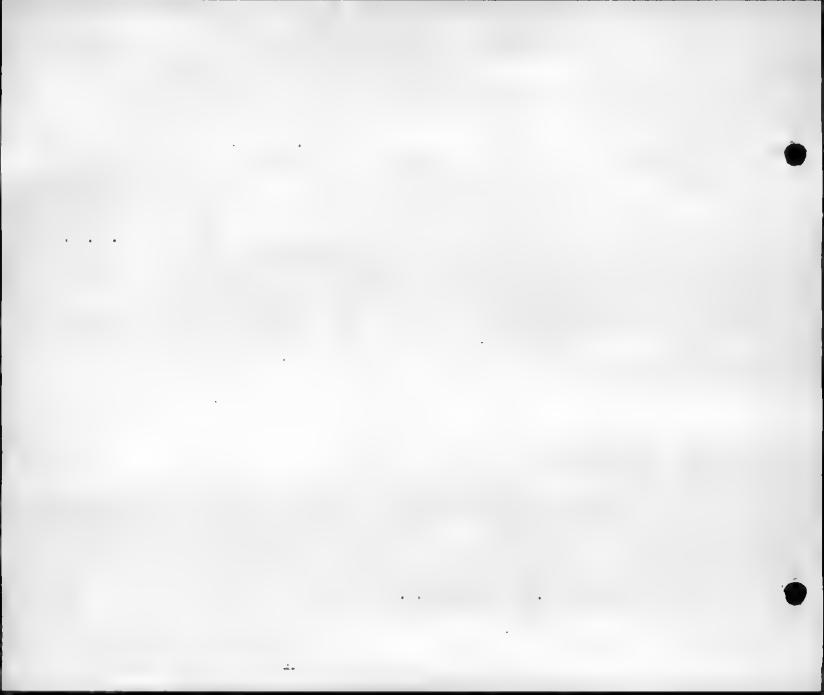


may 5 page p VS A15 (4)

15M 10/57

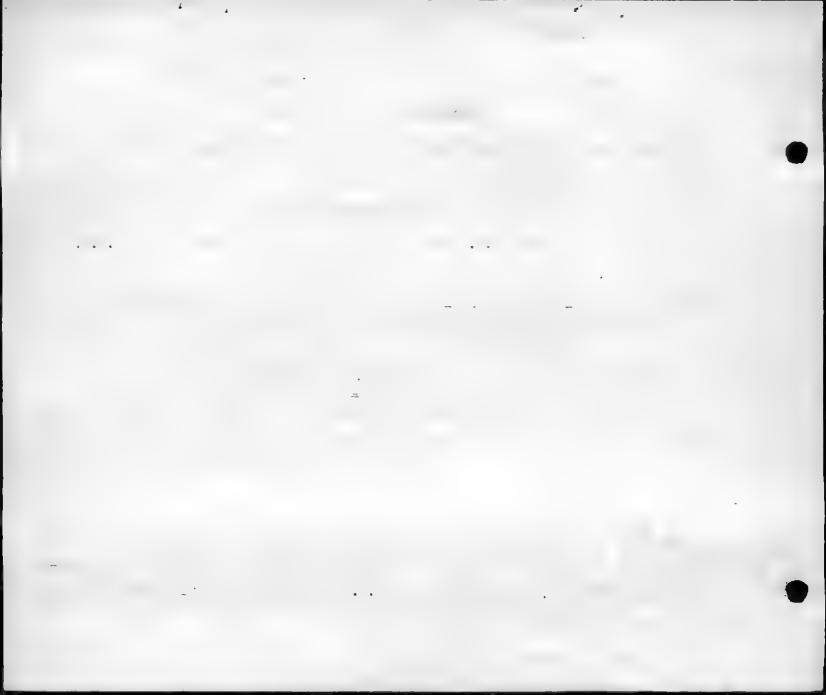
Reg. Disti N275 C 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month Doy Year 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY U. S. A. Address INTERVAL BETWEEN ONSE WAS AUTOPSY PERFORMED? NO I (County) (Stote) 19 (a.c.) hat I last saw the deceased M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE/SIGNED 22p BURIAL CREMATION, 22b DATE THEREOF 27c. NAME OF CEMETERY-OR CREMATORY 22d. LOCATION (City, town, or county) (State REMOVAL (Specify) 23 (FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2 2 '60 arthur S. France

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



`* M	ARYLAND STATE DEPARTMENT OF HEALTH
PY O PRIMISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1001	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1001		CERTIF	ICAT	E OF DE	ATH				ログウタ	1 17
PLACE OF DEATH	LTIMORE		MARYI		a. STATE	ENCE (Whe		lived. If instit b COUN		ince before ad	mission)
	f autside carporate lim	its, write	c. LENGTH OF STAY	IN 16	c CITY OR T	OWN (If au	tside carpon	ate limits, writ	e RURAL and	give neorest	town)
FORT HOWAR			TR DAYS		DATE	TMORE				1. 1.	
d. NAME OF HOSPIT	AL (If not in haspital, p	give street o			d STREET AI					e. IS	RESIDENCE N A FARM?
OR INSTITUTION	TO A TENED A SI	TON I	TACTOTTE AT		מו א בקים	CTLT A NULL	A ATTERN	TITO			N A FARM?
	ADMINISTRAT		OSPITAL				A AVEN		4 4		194
3. NAME OF DECEASED		rst	Middle		Lost		4. DATE OF		Aonth	Day	Year
(Type ar print)	RALF	1 .	М,	-	SCHAPIR		DEATH		ULY	8	19 60
5 SEX	6 COLOR OR RACE	7. MARRI	IED NEVER MARRIE	O 🔲   B.	DATE OF BIRTH	1		9 AGE (In year lost birthda)		R 1 YEAR IF U	
MATE	WHITE	WIDOWE	D DIVORCE		ANUARY	3, 18	91	69	rrs		
10a USJA: OCCUPATIO	ON (Give kind of work ling life, even if retired	dane 10b. I	KIND OF BUSINESS OF	RINDUSTR	Y 11 BIRTHPL	ACE (State a	r foreign co-	unity)	12 CI	TIZEN OF WH	AT COUNTRY?
MATL CARRY	-trans		S. POSTAL	SERVI	CE BALT	TMORE	MARY	LAND		U.S.A.	
13. FATHER'S NAME		-			14. MOTHER'S						
SOLONDM I	. SCHAPIRO	)			1	-179					
15 WAS DECEASED EVE			SOCIAL SECURITY NO.	17, INFO	DRMANT	0,5	-	-	Address		
to make the	(If yes, give war or dates of :		7 1.0 2002	CT	TAI DEYI	77 6 11	DATITICA	ADE MO	ין יויק	TOTATADE	TOTTE TO
YES	WW-1		.7-40-3002	يل ل	IN REC	VAR	DWTITTL	MORE MD	LT L		DIAISI
	ITH   Enter only one co TH WAS CAUSED BY	ouse per lin	e far (a), (b), and (c).							ONSET A	L BETWEEN IND DEATH YEAR
Canditions, if a gave rise to it cause (a), stating lying cause last.	mmediate the under-	p)									
PART II OTH	IER SIGNIFICANT CON	ID TIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	nal disease	CONDITION	GIVEN IN PA	PE	AS AUTOPSY REORMED?
	S JNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature al	injury in P	art I at Part	Higfitem 18)			
Haur om,	Y Manth, Day, Ye	20d. IN While at wark	Nat while		E OF INJURY (F ry, street, office			or town)		(County)	(State)
21 1 certify the sow the deceos 220 SIGNATURE 22c PHYSICIAN'S NAME (Type)	It (K (this hospito sed olive on JUI	l) oftend	ed the deceosed		ATTENDING PHYS  22d. ADDRE	od Dir Dir SS	M, from	ILY 8 the causes  STAFF N PHYS N	ond on th	ne dote sta	226. DATE SIGNED -8-60
23a BURIAL CREMATIO		76 F	23c NAME OF CEME				23d LOCAT	ION (City, tax	n, ar caunty)		(State)
REMOVAL (Specify)	7/10/0	50-	BOBRUISKE	R BEN	HFICIAI	,	BALT	IMORE	MARYT	AND	
24 FUNERAL DIRECTOR	S SIGNATURE	/-	ADDRESS		Ĺ	25a REC'D	BY REGISTI	RAR 25b, RI	GISTRAR'S S	GNATURE	
Sol LEVINSO	ON & BROS I	ATC	10 REISTER	STOWN	RD		L 12'6		Dulling &	1. Flores	
MANY THAN THAN	ATT OF DITORD T	BA	ITTMORE 15	MD		ANIE 30	t-s				



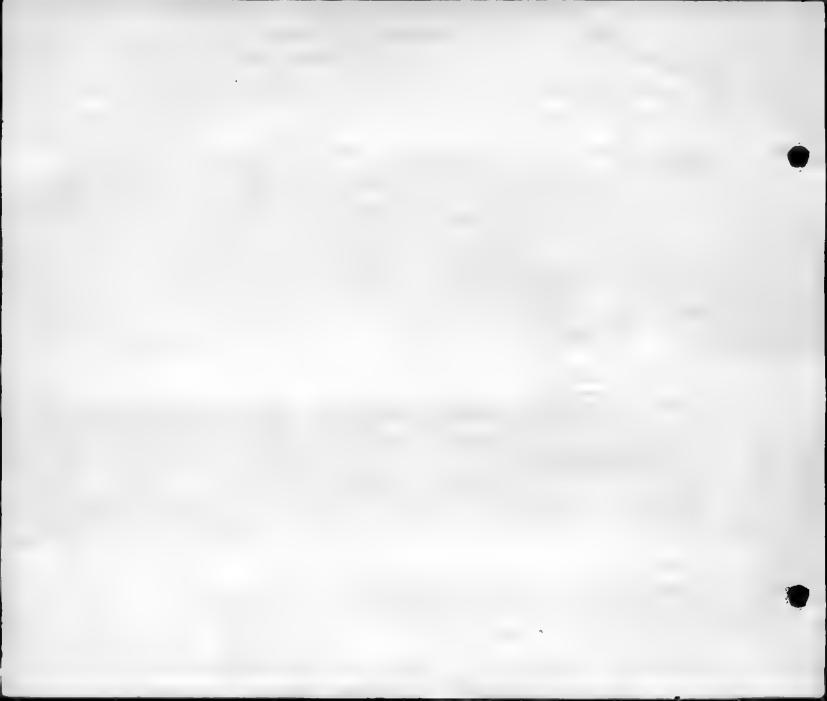
**BALTIMORE 1, MARYLAND** -F11mG268 8-4-60 et I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed I ved, if institution; Residence before admission) a. COUNTY Page les. <sub>P</sub>alth, b. COUNTY Raltimore MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Baltimure-Rural

d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street address) Baltimore 6 d STREET ADDRESS IS RESIDENCE ON A FARM? 50 Hawthorne Road Martin Span be retained YES TO NO T 3. NAME OF 4. DATE Middle DECEASED JOSEPH SELESKY July (Type or print) GEORGE DEATH 1960 ¥ii⊁ 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH IF JNDER 24 HRS 9. AGE (In yeers IF UNDER 1 YEAR and 31 may 2 wit∣ age 5 may 1 and 2 will 72 hours last birthday) Months Male DIVORCED WIDOWED . hin 24 Baurs after Bive Pages 1, 2, vrm PM3. Page 5 10a. USUAL OCCUPATION (Giv. xInd of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) Pive F tter allison, renna. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 Grace Newcomer Joseph George Selesky form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass permit. (Yes, no, or unkown) | (Ifyesgiva werordates of service) Examiner's Office along with a used as a burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: H WAS CAUSED BY: Multiple fractures of skull, trunk and extremities and, with massive internal injuries and hemorrhage removal, Conditions, if any, which gava risa to immediata causa "pending" DUE TO (a), steting the underlying PART JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a 19. WAS AUTOPSY PERFORMED? cremati mate, writing the word YES TO NO Medical should 20b, DESCRISE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert I, of itam 18 1 Driver of auto in 2De EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING auto-truck collision, thrown out of car and run over by another CAUSE OF DEATH to the Chief / 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State) factory, streat office bldg., etc.) Whila Not While Baltimore et work at work Md. Road should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion agent, Suicide death resulted from. Natural causes Accident A Homicide Undetermined manner ecute The ce CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. Address (Street, city, town, or county) NAME (Type) 22e. BLRIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, lown, or country) (Stera) ö 40 rmorial ā 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



1 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 25			7676 Item 6 CERTIFICATE OF DEATH Reg.	Dist. No. 07789
Page directs	M	1	PLACE OF DEATH  O. COUNTY  Balling  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Rest  O. STATE  O. STA	dence before (idmission)
funeral	*		b. CITY OR TOWN (If guiside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give negrest lown)  OUNGER  1048  53  41  97	nd give marest tawn)
rs offer by the d 2 sho	À		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ARE CES ET  Addition X	e. IS RESIDENCE ON A FARM? YES NO (2)
n 22 fiffed in ges 1 on		3	NAME OF DECEASED (Type or print)  AMOS  Middle Lost M. DATE Mopth OF DEATH JULY	Day Year 2 2 1960
d withle		5	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH  Negro WIDOWED DIVORCED March 15 1865  9. AGE (In years V UNI	DER 1 YEAR IF UNDER 24 HRS his Days Hours Min.
execute nd comp		10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  OANTOR  OART HOUSE WARREN, Va	CITIZEN OF WHAT COUNTRY?
icion ar	5	13	FATHER'S NAME  SIMON PUGA  SUSAN?	
mertificang physicang phys	/	15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? HE SOCIAL SECURITY NO 17 INFORMANT Address S. NO OF WIRROWS WOR OF derive of terrico) NONC SUSIE Leak 1/25 N. STrich	ren 87, Battor
attendi ottendi in pleas			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  REM I Q	INTERVAL BETWEEN ONSET AND BEATH 4 Class
that it by the			Conditions, if any, which) the nephritis	Syp
requires on signed sit perm			gave rise to immediate couse (o), stoting the under- tying couse lost OUE TO PNUM MONIQ (S. SON 1/174	6 days
physici physici ras beer ial-tran	, 1	CATION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
tending ficate by the bur	5	L CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 1B) OR CONTRIBUTING 20b CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC ol or oil his cert		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m.  p. m. 19 While Not while of work	(County) (Stote)
ApiNG hospite After the Af			21. I certify that Lattended the deceased from Jak . 1951, to July 22, 1960 that alive an July 22, 1960, and that death accurred at 8 4 M, from the causes and at	I last saw the deceased
ATTEN 3 by the ECTOR:	5 2 5 /		ACTUAL Milliam C, Hado M.D. HO Quit AVC.	LALM 12 1910
AL DIR	. /		PHYSICIAN'S William C. Wade M.D. Dundalk 22 md	)
HOSP HOSP FUNE Poge 3		22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 12d. LOCATION (City, flown, or count Burial 7-26-60 New Cemeley Halifay	(Stote)
VS A15 (4) 15M 9/5S		23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  FUNERAL DIRECTOR'S	SIGNATURE
			916 Penna and 1 # 1	



withing S. Trave

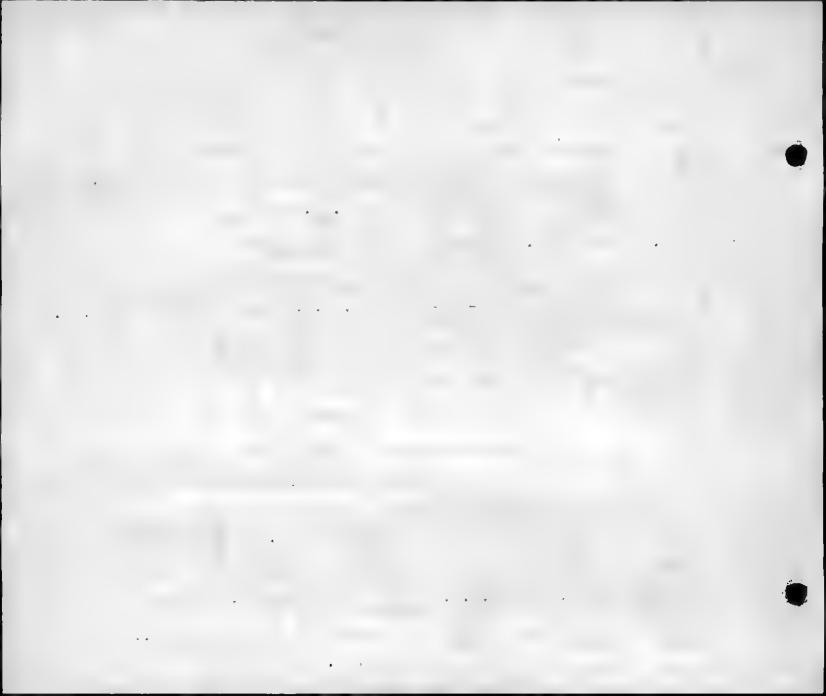
DATE . 5

VS A15 (4)

1SM 10/57



death! Page



s after death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07792

7809	CERTIFICATE	OF DEATH

Reg. Dist. No.

1,	PLACE OF DEATH a. COUNTY	altimore		MARYL	AND	2 USUAL RES		re deceased 71,and	d lived. If institut b. COUNT	ion Residence Balt:	e before od LMOPE	mission)
	b. CITY OR TOWN (IF RURAL and give neg	autside corporate timi prest tawn) The rville	ts, write	c. LENGTH OF STAY I	N 16	X	Luth	nervi			ive nearest t	awn)
	d. NAME OF HOSPITA OR INSTITUTION	1422 Bur	ton	AVe		d. STREET	ADDRESS 1422	2 Eur	ton Av	е	) 01	RESIDENCE N A FARMS
	NAME OF DECEASED (Type or print)	HOWARD		Middle ₩ e		aymak	er	4. DATE OF DEATH	July $^{80}_{3}$	1,196	ODay	Year 19
	Mal <b>e</b>	white	WIDOWE				0,1921		9 AGE (In years lost birthday) 35 yrs	Months	YEAR IF U	NDER 24 HRS. urs Min.
100	during most of works	N (Give kind of work on the life, even if refired operator	lane 10b B1	ack and I	RIN <b>DUS</b>	ry 11. Birthfi ier Pe	ennsy.	lvani	ountry) La	12. CITI	USA	HAT COUNTRY
13.	FATHER'S NAME Will:	iam A. Sl	ayma	ıker			ther I		1			
15. (Ye	s. no. or unknown) [ [	IN U. S. ARMED FOR f you, give wer or dutes of a		SOCIAL SECURITY NO.		formant 1a J.	Slayma	aker-	-1422 B	urton	Ave.	Luth.
L CERTIFICATION	Canditions, if an gave rise to im couse (a), stating to lying cause last.	which (b) (b) DUE TO (c) ER SIGNIFICANT CON	) DITIONS <u>C</u>	CRIBE HOW INJURY OF	TH BUT I	NOT RELATED T	O THE TERMIN	NAL DISEASI	E СОНДІТЮН G.	VEN IN PART	1(a) 19. W.	AS AUTOPSY RFORMED?
MEDICAL	20c. TIME OF INJURY Have a. j p. m.	Manth, Day, Yea	While	Nat while at wark		CE OF INJURY ary, street, affic			ar tawn)	(Co	ounty)	(State)
	21. I certify the alive on		decease 19 m 1 m	Pillshi	death		t <i>///3. 4</i>	M, fron	treet, city or town	and on th		
22d	BURIAL CREMATION REMOVAL (Specify)	8/4/60	F	Dulaney			rdens	22d. LOCAT Time	rion (City, town. Onium, M	or county) aryla		State)
23.	FUNERAL DIRECTOR'S Wm Cook-		nc.Yo	ADDRESS ork Rd.To	WSO	n 4,Md	24g. REC'D			ISTRAR'S SIGI	4 4	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be may be made by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

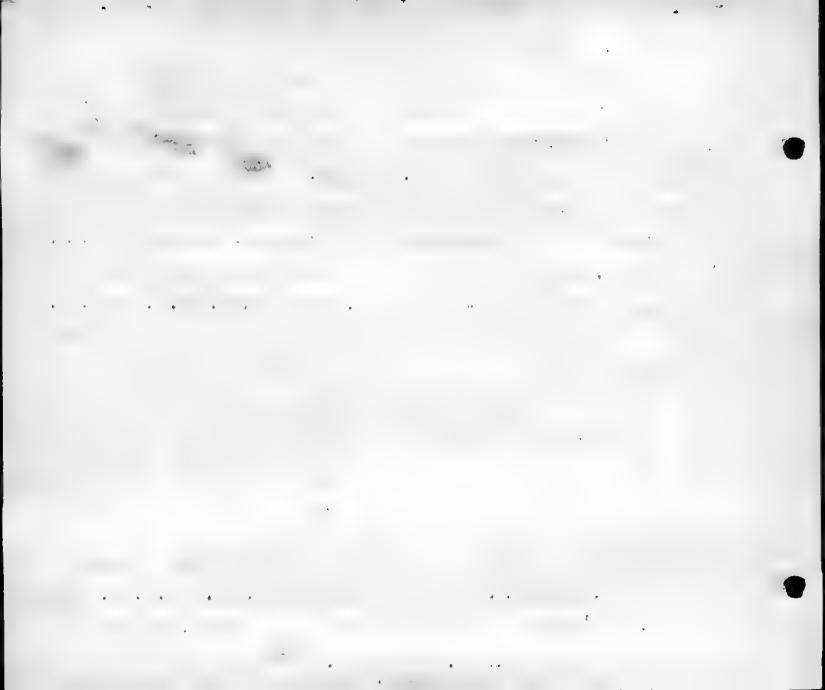
VS A15 (4) 15M 9/55



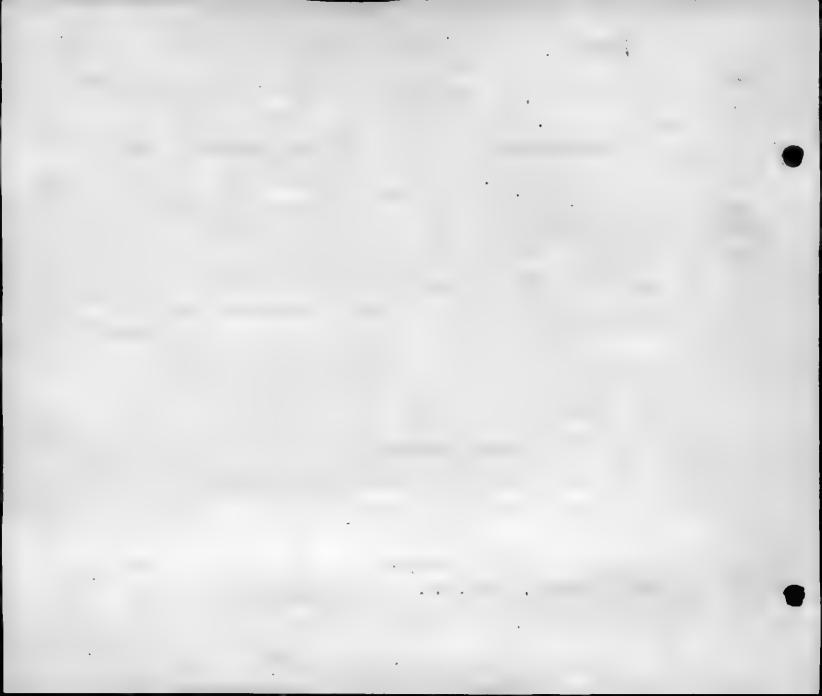
4		ď,	a P	1	3
Pag		Tec	ğ	(	
÷		p la	e fil	1	A
dea		uner	9	/	L
1Fer		the f	shau		-
		þ	9		
A		Ę.	ו מי		
in 2		£.	ges	Math	
w.th		tely	Po	er d	
ed		mple.	Sers.	s of	
xecu		g coi	bod	gant	_
9 90		OFF	rbodi	7	1
9		cidn	DO 4	Ē	,
tific		shysi	max	¥.	
Cel		Eng.	e re	eve	
leot		hend	pleas	any	
the		e at	co	u p	
P		y th	Ė.	, g	of .
Tes +		8	rmit	DAD	
inba	ċ	Sign	i pe	ren.	
*	sicio	een	гопѕ	p, d	
se lo	phy	as p	Ē	olio	9
F ::	ling	ite h	bur.	crem	
SIAP	tenc	iffice	the:	[a]	
YSI	Pr al	Cer	e a	مّ	
H	P	this	10 10	pr to	
N.	dspi	\feer	Pa fe	P.16	
ENC	he t	R: /	toch	훈	
AT	þ	5	e de	Ĭ	
08	peu	DIRE	βP	o pu	
	i,	AL	hau	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
)SP	pe	NER	(1)	Sto te	
N K	may	J F	page	the S	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	> may be ned by the haspital ar attending physician.	70	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with		
15	A'	9/:	(4)		

1,	PLACE OF DEATH	(mana		MARYLA	UND	2. USUAL RESIDENCE OF STATE		deceased to	ved If institu		ce before od	mission)
-		imore  foutside corporate fimi	ita weita	c. LENGTH OF STAY IN	1.35		yland		. t	DITO AL and		
)	RURAL and give ne	orest town)	ila wiiic		ן מי	c CITY OR TOW		1 1	e ilmits, write	KUKAL ONG	Athe Lection 1	own) i
	Fort Hov			33 days			timor	6			7	
	OR INSTITUTION	Al. (If not in hospitor, g	give street	oddress)		d STREET ADDR					e 15	RESIDENCE A FARM?
	Veteran	s Administr	<b>tior</b>	1 Hospital		902	Harl	em_Av	enue		YES	□ NO □
3	NAME OF DECEASED	Fir	rst	Middle		Lost		DATE	, M	iorth	Day	Year
	(Type or print)	Pa	RCY	S.		SMITH		DEATH	JU	TAY	31	19 60
5	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH	1 3	9.	AGE { n year		1 YEAR IF U	
	Male	Negro	WIDOW	ED DIVORCED		July 21.	1894		fost birthdoy		Days Hou	ırs Min
10	USUAL OCCUPATIO	N (G ve kind of work	done 10b.	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	(Stole or fo	reinn conn	itry)	12 CIT	ZEN OF WHA	AT COUNTRY?
	Butcher	ing life, even if retired	)	Meat Store		West	chest	er. P	ennsyl	vania	II.S	.A.
1 13	FATHER'S NAME		-	TICAL OUGIC		14 MOTHER'S MAI			011110312	- Total	0.0	
/ -	0	T C 1.11.				47.4	(M	. 4 44.	None	Unknow	m)	
15	WAS DECEASED EVE	H. Smith	CES2 1A	SOCIAL SECURITY NO	17 IN	FORMANT	ce (H	arirdan		ddress	11)	
	er, no. or unknown)	If yes, give war or dates of s	iervice,				**					163
=	Yes	WW I		217-16-4587	C.	lin-Record	s, ve	r - rom	. Hosp.	Tr. Ho		
			ouse per l	ine for (o) (b), and (c) ]								. BETWEEN ND DEATH
	PARE I, DEA	TH WAS CAUSED BY :MMEDIATE CAUSE (c	)	PNEUMON	<u> </u>						4 98	ys
	433	DUE TO	>									
	Conditions, if or		3)									
	governise to in couse (a), stating t											
	lying couse lost.	) (c	:)									
Z	PART II OTH	ER SIGNIFICANT CON	D TIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE	TERMINAL	DISEASE C	ONDITION (	GIVEN IN PAR	T 1(o) 19 W	AS AUTOPSY
CERTIFICATION	0	ARCTNOMA O	r cm	TUDANC								RFORMED?
THE	20a. ACCIDENT WA	S UNDERLYING []	20b DES	SCRIBE HOW INJURY OC	CURREC	). (Enter noture of inju	ury in Port	t or Port II	of item 18.)			
CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
¥.	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d.	INJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home	e, form, 2	Of. (City or	r town)	Į.	County)	(Stote)
WEDICAL	Hour a.m	19	While		fac	tory, street, office bld		, , , , , ,	,	,	,,	,,
2	p m			rk ot work			-				-	
	21 I certify tho	t 🏂 (this hospito	l) often	ded the deceased f		-			-			
		ed alive and ul	y 31	19_60 and t	hat d	eath occurred at	र्गः ए०५	Mram th	e couses	and on the	e date sto	
	220 SIGNATURE	11 , 1	9	)().		ATTENDING	MED		STAFF			22b DATE SIGNED
	183	mn'		Jung,		N D PHYS	DIRECT	OR 🔲	PHYS 🌊	7,	<u>/31/60</u>	
	22c. PHYSICIAN'S NAME Type					22d ADDRESS						
		K. EBLING.	M.D			Veterar	as Adr	a. Hos	p.Balt	o.Md.	Ft. Ho	ward D
23	o. BUNAL, CREMATIO	N, 23b DATE THEREC	OF.	23c. NAME OF CEMET	ERY O	R CREMATORY			N (City, towi			State)
	REMOVAL (Specify)	8/3/60		Baltimore	Nat	if onel	1	Raltin	more.	Maryla	mil	
24	FUNERAL D RECTOR	S SIGNATURE		ADDRESS	4154		REC'D BY		R 255 RE	GISTRAR S SI	GNATURE	
-	3	13		200 11 37		DA DA	4	190	71.1	Want of the		
110	Land Brown	Tuneral .	OMO.	108 W. Monts	0-116	TV St.	COLUMN TO THE PERSON NAMED IN COLUMN		326	water a Tt	Andrew	

Baltimore, Md.



certificate should

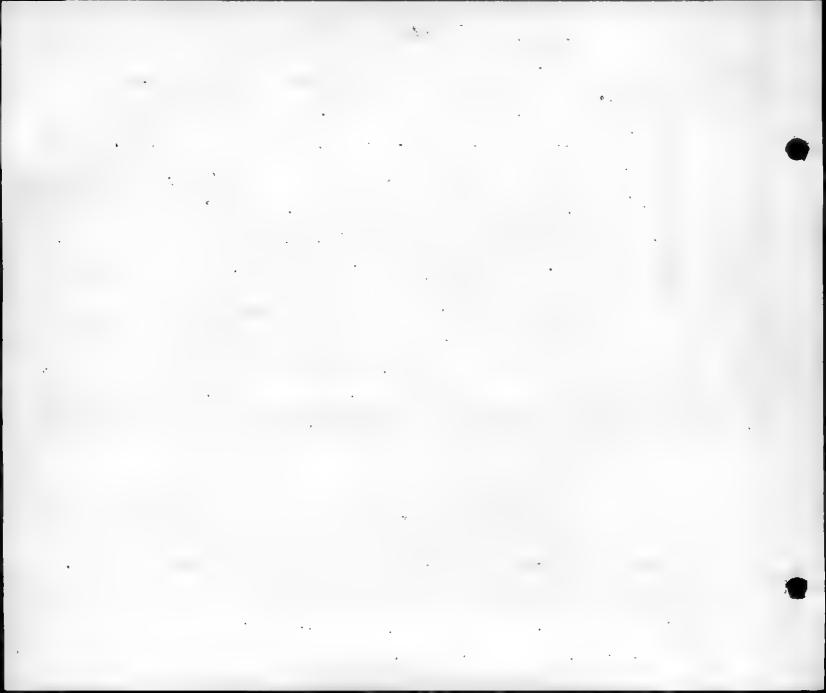


MEDICAL EXAMINER'S CERTIFICATE OF DEATH emation, Rea. Dist. No. 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where eleceased lived. If Institutions: Residence before admission) o. COUNTY b. COUNTY MARYLAND burial, CITY OR TOWN (1) out c. LENGTH OF STAY IN 16 c. CITY OR TOWN Uf outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sireet address) d. STREET ADDRESS e. 15 RESIDENCE YES I NO IX 3. NAME OF Fizat Middle DATE Lest Month Year DECEASED (Type or print) DEATH 60 to 1 9.5 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS. the Months Hours Davs WIDOWED | DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most-of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME MS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO. 17. INFORMANT (Yes, no, prunknown) yes, give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gove rise to immediate cause DUE TO (o), stoting the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 50 PERFORMED? NO LT 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stote) factory, street, off ce bldg, etc.) While A 10 Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy and find that Accident | death resulted from: Natural causes 1. Suicide 4 Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER | forworded to t ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BJRIAL CREMATION, 225, DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Slote) EMOVAL (Specify) 28. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cirilmy S. Kroud DATE SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Residence before admission)

(County)

(State)

	DIAISION	OF STATISTICAL RESEARCH AND RECORDS	DAL
7	814	CERTIFICATE OF DEA	<b>.T</b> l

7814	CERTIFICATE OF DEATH				
PLACE OF DEATH COUNTY BALTIMORE	MARYLAND  2 USUAL RESIDENCE (Where deceased I ved. If institution of STATE MARYLAND b COUNTY				

b CITY OR TOWN (If outside corporate limit	t, write c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIMORE			d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, growth of the control of	ve street address) ATION HOSPITAL	d STREET ADDRESS 113 WEI	COME ALLE	Y	■ IS RESIDENCE ON A FARM? YES NO [
NAME OF Firs	1 Middle	Last	4. DATE	Month	Day Year

1	3 NAME OF	Fire	\$P	Middle	Last	4. DATE	Mon	th	Do	ly	Year
J	(Type or print)	JOHN		R	STRANCE	OF DEATH	JUL	Y	1	3	1960
F	5 SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	,	9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	ER 24 H
l	MALE	COLORED	WIDOWED [	DIVORCED [	OCTOBER 3. 1	.889	lost birthdoy)	Months	Doys	Hours	Mir
	10a. JSUAL OCCUPATIO during most of work	N (Give kind of work oring life, even if retired)	done 10b KIND	OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State		oun			WHAT	OUNT
l	LABORER		RAII	LROAD_	RTCHMON	D_VIRG	TNTA	J	J.S.	1.	
ı	13. FATHER'S NAME				14. MOTHER'S MAIDEN						

THOMAS STRANGE MAGGIE CLARK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address

give war or dates of service)
WW I YES 212 09 CLIN REC. VAH BALTO MD FT HOWARD DIVISION

18. CAUSE OF DEATH [Enter or	n y one cause	per line for (a), (b), and (c) ]	INTERVAL BETWEE
PART I. DEATH WAS CAL IMMEDIATE		RENAL INSUFFICIENCY	UNKNOWN
ナケフス	DUE TO		
Conditions, if ony, which	(b)	CARCINOMA OF PROSTATE WITH REMOTE METASTASES	UNKNOWN
gave rise to immediate ( cause (a), stating the <u>under-</u> (	DUE TO		
lying cause lost.	(c)	, <u>as 'm, as d'ar</u> .	

PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? CEREBRAL ARTERIOSCLEROSIS YES NOT

factory, street, office bldg, etc.)

PLACE OF INJURY (Home, form, 20f (City or town)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of I tem 18.)

CERTIFICATION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL at work at work p. m. to JULY 13 \_\_ 19 60 that (M (we) lost 21 I certify that (M (this hospital) attended the deceased from JITLY 2

1960 sow the deceased alive an JULY and that death accurred at ... M, from the causes and on the date stated above. 22p SIGNATURE 22b.DATE ATTENDING PHYS MED DIRECTOR |

22c PHYS CIAN'S 22d ADDRESS NAME (Type)

Not while

20d. INJURY OCCURRED

While

B. COPE CT LAG HAV (State)

236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a BUR AL, CREMATION. REMOVAL (Spec fy) 60

24, FUNERAL DIRECTOR'S SIGNATURE 108 W MOAPPEEMERY ST 25g REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE DATE JUL 1 9 '60 wilmy S. Thomas ISATAH L BROWN & SON BALTIMURE MARYLAND

VR A15 (4) 15M 9/59

requires that the death certificate be executed within 24 te has been signed burial-transit permi DIRECTOR: FUNERAL page 3 the Stat 0

g physician remave carl

attending

please

crematian,

20c TIME OF INJURY

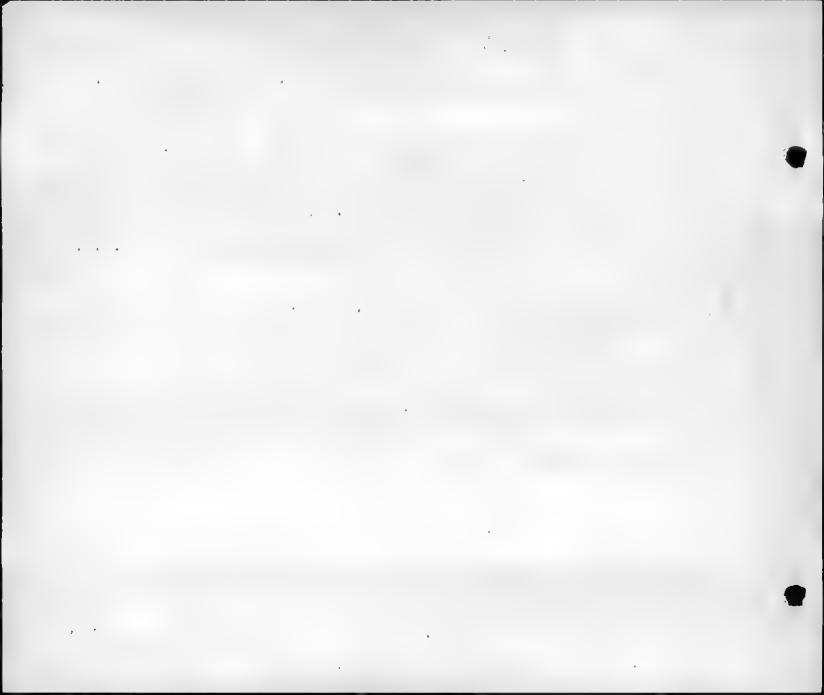
p. m.

after death Pag



# TO HOSSITE OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 and before death. Page 4 may be the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 hours after death.

MAK	ILAND	STATE DEPART	MENT C	F HEALTH	I-BALTI	MORE, 1	8		
78	315	CERTIFIC	CATE O	F DEATH	1		Reg. Dis	t. NGウウ	98
COUNTY Baltimore		MARYLAN	JI 0. STA	residence (Whate Md.	ere deceased l	b COUNTY	on Residence Bel		11(On)
b. CITY OR TOWN (If outside corporate I RURAL and give nearest lown) Catonsville		c. LENGTH OF STAY IN 1	1	oodlaw		te limits, write R	URAL ond g	ive nearest tow	/n)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION FOREST Haven Nu	rsing	Home	673	eer address 4 Winds	sor Mi	11 Rd.		ON	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	en S	Middle utch		Lost	4. DATE OF DEATH	Mon July	th	Day	Year 1960
5. SEX 6. COLOR OR RAC	7. MARR	DED NEVER MARRIED [		10,1868	8 .	AGE (In years last birthday) 91 yrs		YEAR IF UND	ER 24 HRS Min
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if retir housewife	rk done 10b red)	kind of Business or in home		RTHPLACE (Shore	-	ntry)		S.A.	T COUNTRY
George Clingman			14 MO1	HER'S MAIDEN N	IAME	_			
15. WAS DECEASED EVER IN U. S. ARMED F [Yes, no. or unknown] [If yes, give wor or dates	(earwee to		7. informan Mrs • Ir	ene Bar	rtell	6734W1		r Mill	L Rd
1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  OUE Conditions, if ony, which gove rise to immediate coute [o], sloting the under- lying couse lost.	(o) (o) (o) (o) (o) (o) (o) (o) (o) (o)	REELLINGS CULAR PUL MONNO SERICIT	0156	CATIL	E 2/2	2010		INTERVAL B	D DEATH
PART II. OTHER SIGNIFICANT CO		CRIBE HOW INJURY OCCU					EN IN PART	PERF	AUTOPSY ORMED? NO []_
	1								7
20c. TIME OF INJURY Month, Doy, Hour a.m.	While	Not while	foctory, street,	URY (Home, farm office bldg., etc.	, i 20f. (Cify or ]	fown)	(C	ounty]	(State)
21. I certify that I attended the alive an	ne decease	ed fram.	7		M, from ADDRESS (Sired	the causes and, city or town,	nd an th		
PHYSICIAN'S NAME (Type)	al S	6000	_ M D	564		and the day	skiele 2	6-3	1-6-145
BURIAL CREMATION 22b. DATE THER BURIAL (Specify)  BURIAL JULY ( 3. FUNERAL DIRECTOR'S SIGNATURE	<sub>1960</sub>	0.04	Y OR CREMATO	PRY		ILSTOW		Md.	
John T. Stansbury	6411	Windsor Ni	Rd.	DATE JU	100		thun &		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please er for. Page 4 should b PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY **b.** COUNTY MARYLAND buriot b. CITY OR TOWN (It outside corporate limits, write RUEAL C. LENGTH OF STAY IN 16 c. CITY-OR TOWN all outside corporate limits, write RURAL and give nearest town) 0 . IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS and 3 to the funeral Cirect Sirects are retained for your files. NAME OF First Middle DATE Doy Lost Month Year DECEASED DEATH 1960 (Type or print) 9. AGE (in wors 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED M B. DATE OF BIRTH IFUMDER TYEAR JE UIIIDER 24 HRS Months Days WIDOWED [ DIVORCED' yrı. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during with of working life even if retired) BIRTHPLACE (State or foreign 12. CITIZEN OF WHAL COUNTRY? 2, ond ond be may 13. FAZMER'S NAME 14. MOTHER'S MAIDENMAME Poges 1. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Give permit. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) pencil in Item along with for buriof-transit 1 DUE TO Conditions, if any, Which in pencil gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ő PERFORMED? used NO F 200. EXTERMAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) should ! 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) MEDICAL 20c. TIME OF INJURY Month, Day, Year (Counfy) (Stote) ertificate, writing the world to the Chief Medical E. DIRECTOR: Page 3 sho factory, street, office bldg, etc.) Not while While 79 6 8 of work of work 27. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Natural causes . Accident . Suicide . Hamicide . death resulted fram: Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded to ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER [7] NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toyrh, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE [1] 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



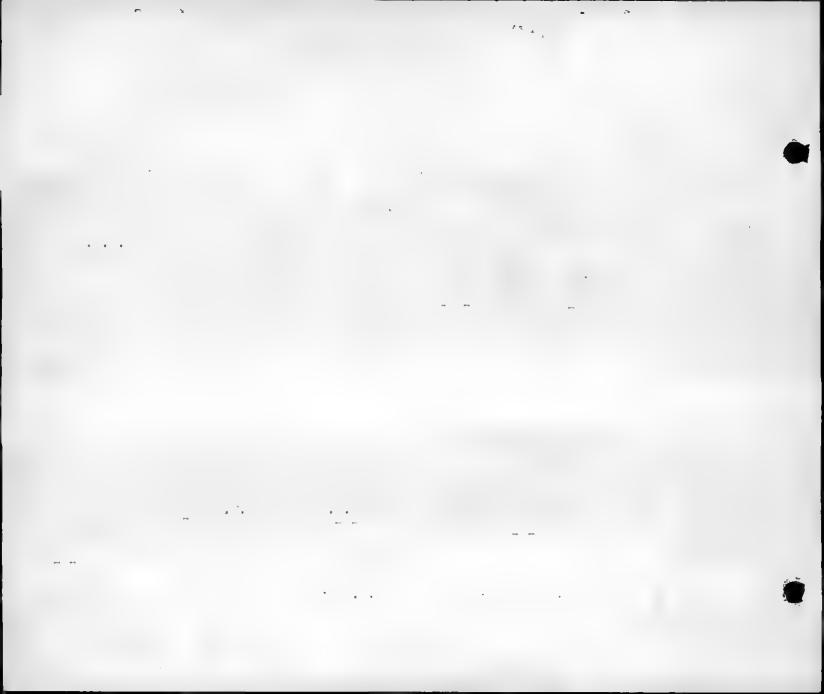
director,

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH POLYISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

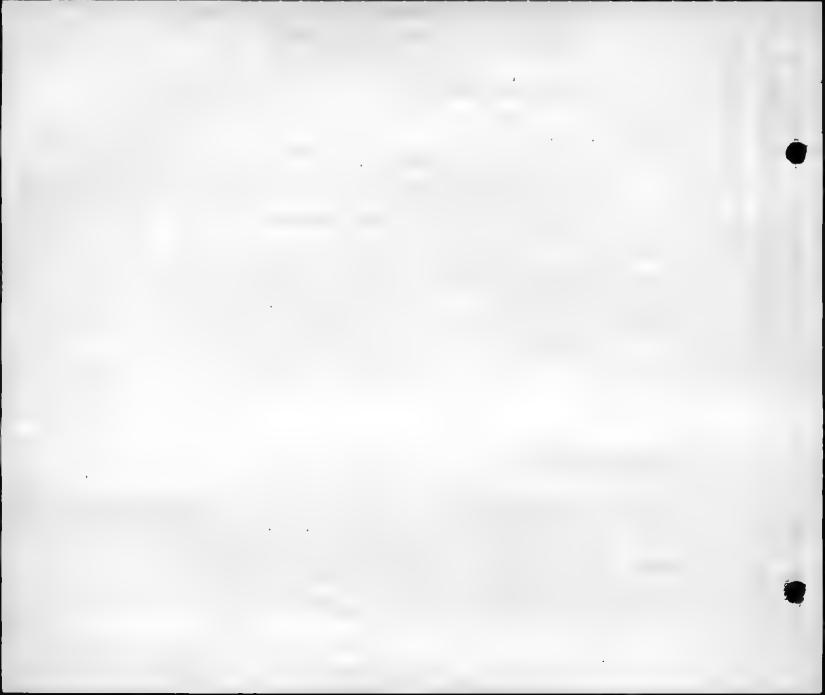
07800

1. PLACE OF DEATH O COUNTY	ALTIMORE		MARY	LAND	2. USUAL RESII o. STATE	MARY I		d lived If insti b. COUN		Residence		odmissi	ion)
b. CITY OR TOWN (I RURAL ond give in FORT HOWA		its, write	LENGTH OF STAY	IN 1Ь MT N	c. CITY OR 1		utside corpo	rote limits, writ	e RUR	AL and giv	re near	est town	)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g		oddress}		d. STREET A		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				e		IDENCE FARM?
	ADMINISTRA		HOSPITAL	t								tea [	INO YOU
3. NAME OF DECEASED (Type or print)	Fid		Middle N		TAE		4. DATE OF DEATH		JUI JUI	Y	Doy 6		19 60
S SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 8	DATE OF BIRTI	Н		9. AGE (In yes		JNDER 1			
MALE	WHITE	WIDOW	ED DIVORCEI	XX	AUGUST 2	1 18	94	65 1	γ)   } /(\$	Months D	ays	Hours	Min
10a USUAL OCCUPATION during most of world	ON [Give kind of work king life, even if retired	done 30b	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State	or foreign o	ountry)		12 CITIZE	NOF	VHATC	OUNTRY?
MANAGER  13. FATHER'S NAME			DVERTISING		1 V	TRGIN				U.S	LA.		
JOHN P	TABB				NELLA	T Mak	ENZTE						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT	IS FIGH	101/41719	-	Addres	s			
YES (Yes, no, or unknown)	(If yes, gave wor or defea of s		216-20-2905	CL:	IN REC	VAH B	ALTO N	D FT	HOW	ARD I	IVI	SIO	N
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (c).	]								VAL BE	TWEEN DEATH
PART I DEA	TH WAS CAUSED BY:	EM	IPHYSEMA PU	LMONL	ARY							NKM	
¥309	, DUEZE												
Conditions if a	ny, which ) (b	LA	ENNEC'S CI	RRHOS	SIS						U	NKNO	NWC
gove rise to i	mmediate [ DUE TO												
lying couse lost.	le onder												
PART II OTI		-	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM!	NAL DISEAS	E CONDITION	GIVEN	y N PART	l(a) 1 <b>9</b>	WAS /	AUTOPSY RMED?
PANY II OTH	S DISEASE,	HIST	ORY OF									YES 🗍	
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRED	(Enter noture o	f injury in I	Port For Par	t II of item 18)					
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	or 20d I While of wor		fac	CE OF INJURY ( ary, street, affice			or town)		(Co	unty)		(Stote)
21. I certify the	at ¾) (this haspita	l) attend	ded the deceased	from	7660	الله و ٥	J P.11.	7-6-6	<u> </u>	., 19	_, tha	t (I) (s	we) last
	sed alive an 7-			that d	eath accurred	d Ho	M, fram	the causes	and	an the	date	stated	abave.
220. SIGNATURE								CY . CP				221	DATE
	1//			A	LO PHYS	G ME	RECTOR [	STAFF PHYS				7-6-	-60
22c PHYSICIAN'S NAME (Type)	JOHN K. EBL	i ( L ING	114	M.	D. VAH		IMORE	18 MD-J	Ed.	HOWAR	ת תי	TVTS	ROTE
23a BUR AL CREMATIC		) F	23c NAME OF CEM					TON (City, tow				(State	
REMOVAL (Specify)	July 8.1	960		EMET							ATT A	(STOR	4
24 FUNERAL DIRECTOR		700	ADDRESS	esterit.	ALLE.		BY REGIST	RAR 256 R	_	V TRGJ RAR'S SIGN	THE RESERVE OF		
Henry W Jen	kins & Son	5 Tno	4905 York Baltimore	H.d.		DATE	JUL 8	'60	0	lathur a	8. Th	aid A	
			THE CAME OF THE PARTY OF THE PA	A WAS		1							



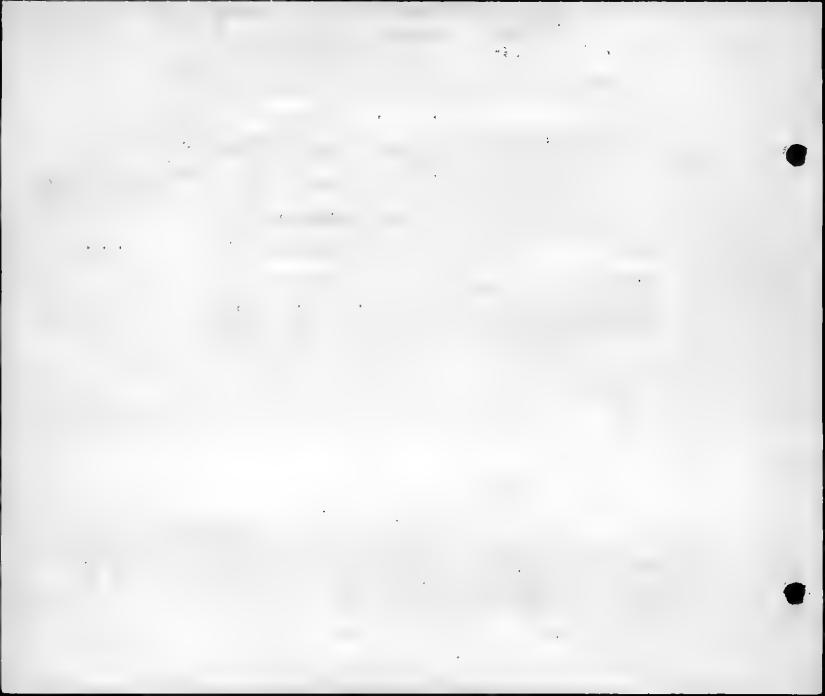
HOSP

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

deoth' Poge



07803 necessary, please exertar. Page 4 should be burial, cremation Reg. Dist. No. Filletz 68 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY 6. COUNTY Baltimore o. STATE MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White Marsh Marsh d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? DOX Box YES NO 3. NAME OF First Middle 4. DATE Month Day YOUR Yeer 1960 (Type or print) DEATH 5. SEX 7. MARRIED TE NEVER MARRIED AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Fee. retained Months Doys Haurs Min male WIDOWED F DIVORCED [ E N 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) after newood tirs be ret. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 1, executed within 24 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) Give same P.M.3 16 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) permit. INTERVAL BETWEEN ET AND OTATH I. DEATH WAS CAUSED BY: with farm IMMEDIATE CAUSE (o) lem . alang with far burial-transit **DUE TO** Conditions, if only, which pencil gove rise to immediate couse DUE TO (o), steting the underlying couse lost. 2 O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Ö PERFORMED? pending used a YES [ NO I 20a. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Hem. 18.) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20 (City or town) (County greet, office bldg., etc.) cute Notertificate, writing the vifawarded to the Chief Medical StruckAL DIRECTOR: Page 3 s White Not while 19 (00 of work ot work 21. I certify that I taak charge of the remains described above, held on Autapsy Inspection Inquiry and find that death resulted from: Natural causes Accident Suicide 1 Homicide Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATUR remayal ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) 0 arkwood Baltimore. emeteru burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) AUG 3 arthur S. Kraus Hartord DATE 5M 9/55

shauld

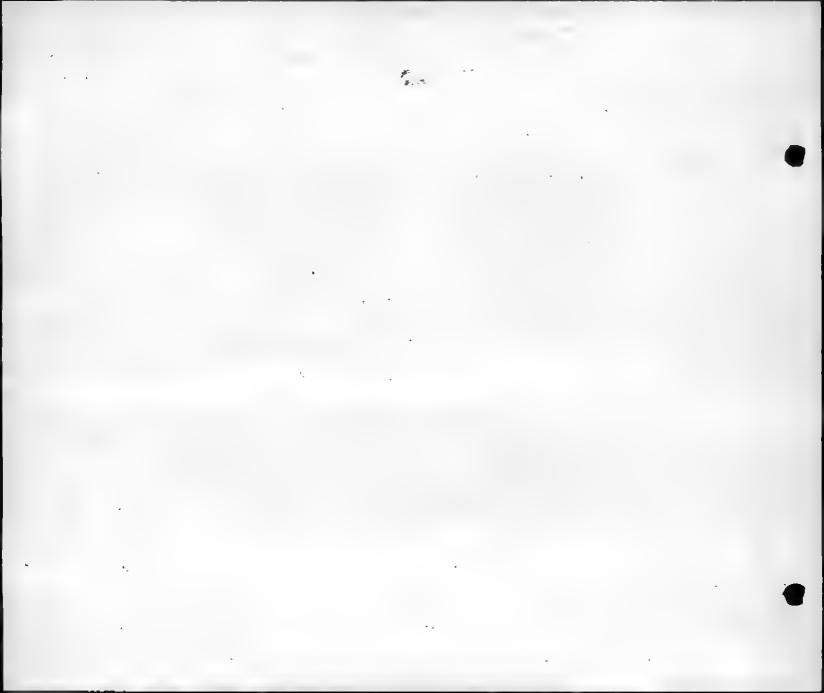
EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7821	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 1128
1. PLACE OF DEATH o. COUNTY b lti.10. e	MARYLAND	2 USUAL RESIDENCE (Whe		on: Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town).	c. LENGTH OF STAY IN 16		itside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 173 ) umbarton		d. STREET ADDRESS	erton lione	e. IS RESIDENC ON A FARM YES NO.
3. NAME OF DECEASED (Type or print) Mr. Paul G	Middle •	Tolson	4. DATE Mon OF DEATH 4/6/L7	
S SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) 4 yrs.	Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	stry   11 BirthPlace (Sinte of	r foreign country)	12. CITIZEN OF WHAT COUNT
Pobert G. Tolson		14. MOTHER'S MAIDEN N. Edith Wiel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no or unknown)		NFORMANT S. Cec'lia	, lols n 173	Dumbarton tos '
Conditions, if any, which gave rise to immediate couse (a), staling the under-lying cause last.	Thatas to ass		Flympil	a mo
PART II OTHER SIGNIFICANT CONDITIONS CO		NOT RELATED TO THE TERMIN		/EN IN PART I(o) 19. WAS AUTOP PERFORMED? YES NO
Hour a.m. While	Not white of work	ACE OF INJURY (Home, form, ctory, street, office bldg , etc.)	20f. (City or town)	(County) (Ste
21. I certify that I attended the deceased alive an 4 196  ACTUAL SIGNATURE FLAT (7)  PHYSICIAN'S NAME (Type)	$\mathcal{D}_{}$ , and that death	accurred at 7.35 1/4	M, from the causes an DDRESS (Street, city or town,	d on the date stated abo
REMOVAL (Specify) 7/38/6-0		WM	22 LOCATION (City, town,	MORG /IN
23. FUNERAL DIRECTOR'S SIGNATURE / LOONOR 1 Jucl: 1205 fa	rford .oa' #1			STRAR'S SIGNATURE  CITCHIAN S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outsid write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 1960 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF RIPTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs Min. WIDOWED T DIVORCED OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES | NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) FRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) (State) foctory, street, office bldg, etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that hook charge of the remains described above, held an Autopsy ... Inspection 4, Inquiry and find that death resulted from: Natural causes 4. Accident ... Suicide 17. Undetermined cause Homicide ACTUAL Bed 71 1 Law 188 CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type 220. BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REPACVAL (Specify) 60 23 FUNERAL DIRECTOR'S SENATURE ADDRESS 246. REGISTRAR'S SIGNATORE 740 REC'D BY REGISTRAR VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

is necessary, please exer-ector. Page 4 should be

ber 0

registrar

files. ä

for your

puo

Poges 1 fd mithin 24 be 18. Give Page 1 PM3. Page 5

may

pencil in Item along with fan burial-transit p

a

00

certificate sha 'pending'' in p iner's Office a

riting the w ef Medical I R: Page 3 sh

to the Chief DIRECTOR: 1

FUNERAL

0

5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7685

07806

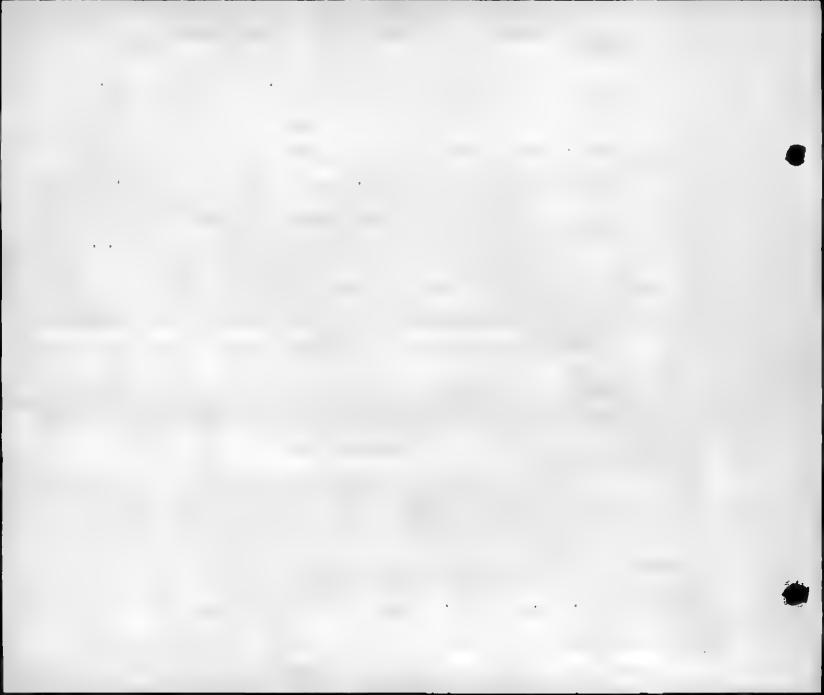
Reg. Dist. No.

		PLACE OF DEATH S. COUNTY	[]		han: Residence before admission)
	`	1 elift ore MARYLAND	o. STATE	b. COUNT	Talto.
	ь	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (I	f autside corporate limits, write	RURAL and give nearest town)
			Wale hor	pe	
-	٥	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
		5713 2nd Ave	1 717 2 1	l_Ave	AEZ NO,
		NAME OF First Middle Middle	Lost	4. DATE Month	
			ir.		17 17 1550 19
	5. S	TOTAL TOTAL OF THE PARTY OF THE	. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.
		1/at   Thite   WIDOWED   DIVORCED	Nch. 7,139	'2 (3 yrs.	
	10a d	USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUST	Bull	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME LILL Q 11/6/11	14. MOTHER'S MAIDEN	NAME ARES	)
,	15.		NFORMANT	Address	
	(Yes,	no, or unknown [14 ref. give war or bate; of service]	olar A. Thil	10rn20 01	* T ( ) T ( )
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Aguta anneati	we heart dis	icase	ONSEI AND DEATH
		DUE TO	Y 2 110 W.1 0 W.1.	3000	
		Canditians, if any, which) (b) Hypertensive car	rio with la	n 11 a n .n	
		gave rise to immediate couse	all to do equi		
		(a), stating the underlying DUE TO			
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVE	
	Y				PERFORMED?
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] CAUSE OF DEATH.	nler nature of injury in Por	1 I or Port II of item 18.)	
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE	CE OF INJURY (Home, form	n 1906 (City or hown)	(County) (Stole)
	MEDICAL		ory, street, affice bldg., etc	1	feeauth (month)
		21. I certify that I took charge of the remains described about	ve, held an Autaps	y , Inspection ,	Inquiry , , and find that
		death resulted from: Natural causes [], Accident [], Suid	cide 🔲, Hamicide	, Undetermined c	ouse 🔲.
		91 10 11 11			
		ACTUAL SIGNATURE TO THE SIGNATURE	M.D. CHIEF MEDICAL E	KAMINER []	DATE SIGNED
		-VANIANCE OF THE PROPERTY OF T	ASSISTANT MEDIC	AL EXAMINER []	
		EXAMINER'S NAME (Type) GOO 1 11 11 11 11 11 11 11 11 11 11 11 11	DEPUTY MEDICAL	EXAMINER []	ul - 17.1] (C
	22a	BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR		22d toCATION (City, lown, o	r county) (Stole)
Call.	7	Jacket Jew 2 5 Min Kitte Act Rede	LEXAL IN.	11224.0	27.73 /14
2	23.	FUNERAL DIRECTOR'S SIGNATURE!			TRAR'S SIGNATURE
		I led all ferty days and	Metic > DATE J	UL 22'60 Ch	thur S. Kraus

TO DEF THE ICAL EXAMETER: This certificate should be executed within 21 llours after death. If any construction is necessary, please executed content and in the formal statement of the formal statem

is necessary, please exer-

VS. A15ME(5) 5M 9/55



TO HOSPIT

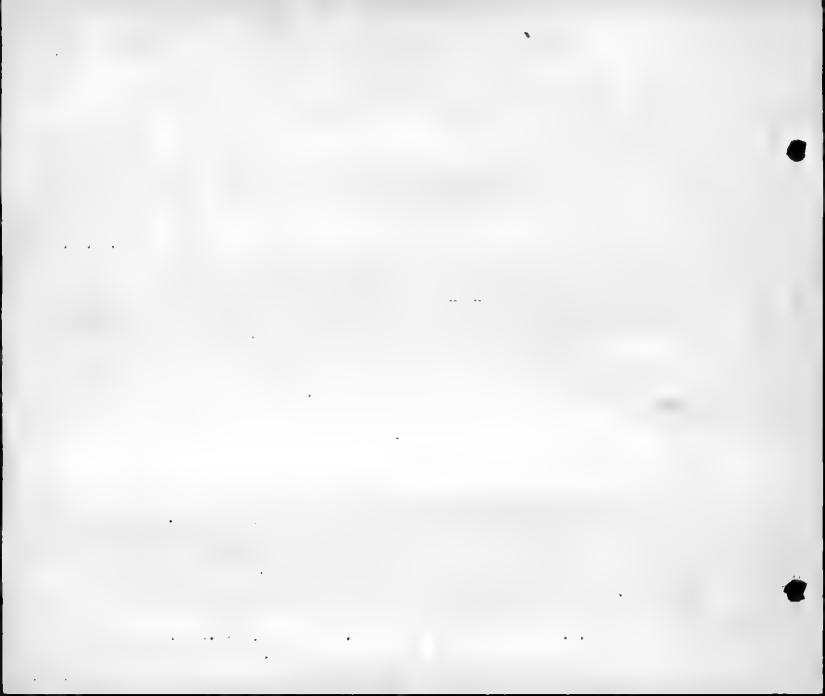
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7823 **CERTIFICATE OF DEATH** 

07867 Reg. Dist. No.

- 12											
	1, PLACE OF DEATH o. COUNTY	Baltimore		MAI	YLAND	2 USUAL RESIDENCE (W		d lived. If institution b. COUNTY	on Residence	before o	admission)
	b. CITY OR TOWN (If RURAL and give ne	outside carparate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c CITY OR TOWN (If	outside carpa	rote limits, write R	URAL ond gi	ve neares	t town)
	Catons	ville		19 days		Baltimore			1	\$ 46 Y	
	d. NAME OF HOSPITA OR INSTITUTION	At (If not in haspital, g	ive street	address)		d. STREET ADDRESS			***	e.	IS RESIDENCE ON A FARM?
Į	SPRING GR	OVE STATE	HOS	SPITAL		4722 Du	nkirk	Road		Y	res   NO
	3. NAME OF DECEASED	Fire	si <sup>2</sup>	Midd	le	Last	4. DATE	Mon	1h	Day	Year
	(Type or print)		dysla	* * *		Victor	DEATH			3	1960
J	5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARI	RIED 🔲	B DATE OF BIRTH		9 AGE (In years last birthday)			UNDER 24 HRS
	male	***************************************	WIDOWI	define)		June 27, 18		87 уп.		<i>Days</i> 1	TOUTS INTIN
$\langle  $	100 USUAL OCCUPATIO during most of work	N (Give kind of work i ing life, even if retired	done 10b.			STRY 11. BIRTHPLACE (State	ar fareign c	ountry)			WHAT COUNTRY?
1	coat pres	ser		tallori	ng	Pola			Ţ	J. S.	Α.
4	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
-	Unknown		l			Unkno	WIL				
-	15 WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or detail of s	CE 57   16. prvice) 2]	SOCIAL SECURITY N	0. 17 1	NFORMANT		Add	ress		
ŀ	unknown			XXXXXXXXX		cords: SPRI	NG GF	ROVE STA	TE HO	SPLI	IAL
			1127	e for (a), (b), and (c)	no T	e Coulion	as Cicl	Par Die	2.0		AL BETWEEN AND DEATH
	cause (a), stating t lying cause last,	cause (o), stating the under the real field with the content of th									
	PART II. OTH  200. ACC.DENT WAS OR CONTRIBUTING OR IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO 4
- 1	1	CAUSE OF DEATH	20b DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Port I or Par	t II of item 18 )		7	
	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yes	While at warl	Not while of work	20e. PL/ Foo	ACE OF INJURY (Home, form tary, street, affice bldg., etc	n, 20f. (City	or lown)	(Co	ounty)	(State)
1	21. I certify the	of Lattended the	decease	ed fram	June	8 , 1960 to 7	1/3	1960	that I la	ast saw	the deceased
	olive on		_, 190	$\mathcal{O}_{}$ , and the	t deoth	occurred of	M, from				
	ACTUAL SIGNATURE	Battle ;	Qa.	daus.	ka	SPRING		treet, city or tawn.		TAL	DATE SIGNED
	PHYSICIAN'S NAME (Type)	2410	RA	DAUS'	KA.	(*		28. Mary	land		
f	270. BURIAL, CREMATION REMOVAL (Specify)	N, 276 DATE THEREO	F	22c. NAME OF CE	METERY O			TION (City, lawn, c			(State)
	Burjal	7.7.60		Holy C	ross	Cem	Bal	to. Md.			
	23 FUNERAL DIRECTOR'S	SIGNATURE	. 1	ADDRESS	2	1 - 7 240. REC	D BY REGIST	RAR 24b, REGIS	TRAR'S SIGI	NATURE & The	A
	MAN. 45	LICHALL	FY	XMUS - VI	DADY	DI 7 MANDATE	JUL 5	,		CI FINA	AAAAS



### MARYLAND STATE DEPARTMENT OF HEALTH PODITION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

1170HO

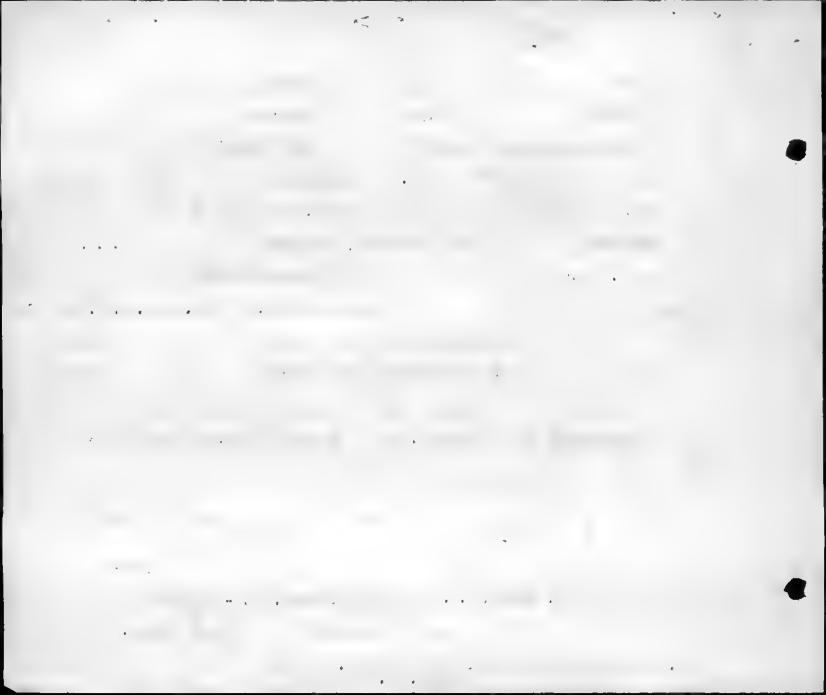
		CERTIFICA	IE OI DEAII	·		U	6062
o. COUNTY Bal	timore	MARYLAND	2 USUAL RESIDENCE (V	Vitere deceased la	b COUNTY B	Res dence befo	re admission)
6 CITY OR TOWN	(If outs de corporate limits, write Consville	2 weeks	c. CITY OR TOWN (II	Foutside corporati	e limits, write RUR	Al and give ned	arest town)
d. NAME OF HOSE OF INSTITUTION HOUSE I	PITAL (If not in hospital, give streen-The-Pines	eet address)	a. street address  Dogwood	Road			B. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Margaret	Middle E. Wahau	Last B	4. DATE OF DEATH	Month 7	17	19 6
Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7-23-1869	9.		UNDER 1 YEAR	Hours M
10a. JSUAL OCCUPAT during most of with Housew	grking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto		itry)	12 CITIZEN OI	F WHAT COUN
13. FATHER'S NAME George G	ettings		Anna D.Ye				
IS WAS DECEASED E	VER IN J. S. ARMED FORCES?		oformant s Margaret W	ahaus D	Addres		awn, Md
J. 22	the under DUE TO  (c)  THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT				V IN PART I(a)	19. WAS AJTO PERFORMED YES NO
OR CONTRIBUTING (IF EITHER, NOTIL)  100 TIME OF INJ  Hour To the contribution of the c	JRY Manth, Doy, Year 20c	CA - 2 " SE SE A A PL	ACE OF INJURY (Home, foctory, street, office bldg,	rm, 20f (City or		(County)	) (S
	1, 25 26 1962 of 1	ended the deceased from	7-10	1960 to	Minor 7	1968, H	hot (1) (we)
sow the dece 22a. SIGNATURE 72c PHYSICIAN'S NAME (Type	w. X. Folls	-16-19 <u>50</u> and that a 	ATTENDING L	MED DIRECTOR .	STAFF DHYS D	on the date	e stated about 22b DAI 27 17 6
23a BUR AL, CREMAT	7-20-1960	23c. NAME OF CEMETERY C	R CREMATORY		M (City, town, or more Co.		(State)
21 FUNERAL DIRECTO	DR'S SIGNATURE	- 201 Millian	BIVI and	C'D BY REGISTRA		RAR'S SIGNATU	

TO HOSPICAR ATTENDING HYPICIAN: The low Equires that the death certificate be exacted within 20 for death. Page 4 may be used by the lospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

VR A15 (4) 1SM 9/S9





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07810

7896 CERTIFICATE OF DEATH

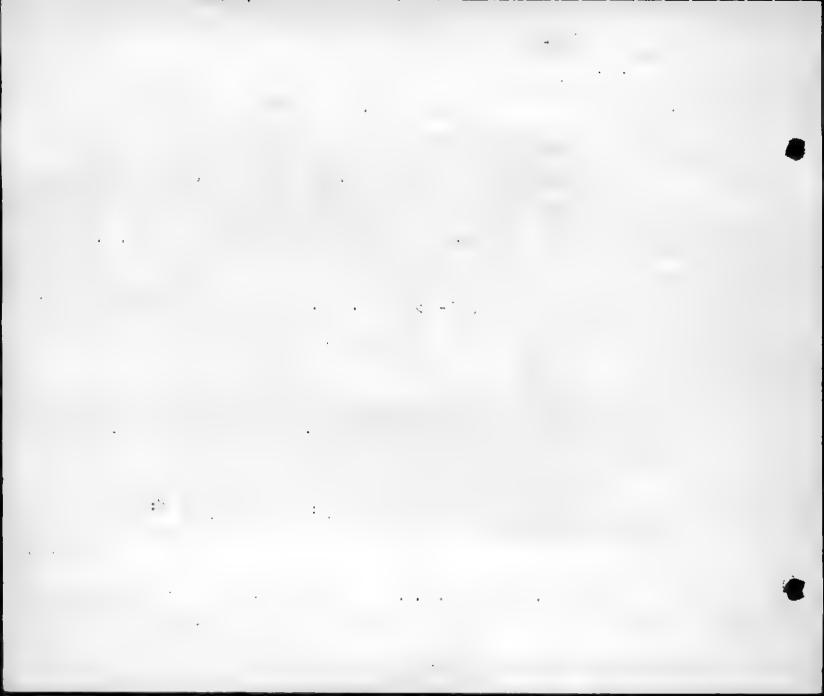
lafter death. Page 4

TO MOSE TO THE HEADSTRONG OF A CONTROLL OF THE OFFICIAL OFFICIAL DIRECTOR. HE HEADSTRONG OFFICIAL DIRECTOR. HE HEADSTRONG OFFICIAL DIRECTOR. HE HEADSTRONG OFFICIAL DIRECTOR. HEADSTRONG OFFICIAL DIRECTOR. HEADSTRONG OFFICIAL DIRECTOR. HEADSTRONG OFFICIAL DIRECTOR. HEADSTRONG OFFICIAL DIRECTOR. HEADSTRONG OFFICIAL DIRECTOR HEADSTRONG OFFICIAL DIRECTOR OF

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 P

TO HOSPIT VR A15 (4) 15M 9/59

ļ	T C/A U	•							
1	PLACE OF DEATH  COUNTY  BALTIMORE	MARYLAN	11 1	STATE MARYL		If institution b COUNTY	n Residence	before admiss	ion) 🗸
	b. CTY OR TOWN (If outside corporate limits, v RURAL and give nearest tawn) FORT HOWARD	write c. LENGTH OF STAY IN 1 7 Hours 20 L	11	c. CITY OR TOWN (IF of BALTY	_ *	mits, write RL	JRAL and give	e negrest town	)
	d NAME OF HOSP TAL (If not in hospital, give OR INSTITUTION VETERANS ADMINISTRAT			d STREET ADDRESS 2304 T	Wichita /	Ave			IDENCE FARM? NO 1
3	NAME OF First DECEASED (Type or print) GEORGE	M dd e		Lost WARD	4. DATE OF DEATH	July	h	-,	Year 19 60
5	SEX 6. COLOR OR RACE 7.	MARRIED MEVER MARRIED		ATE OF BIRTH		t birthdoy)	1	YEAR IF UNDE	R 24 HRS Min.
	Male   Colored   w			pril 9 1890		70 yrs.			
10	<ul> <li>JSUAL OCCUPATION (G ve kind of work dan- during most of working life, even if retired)</li> </ul>		IDUSTRY					N OF WHAT C	OUNTRY
12	Shipping Clerk FATHER'S NAME	Retired	1.4	Arlington,		8.	U.	S. A	
'			11	Florence G					
15	James Ward  WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 11	7. INFOR		Lay	Addr	ess		
F	Yes (If yes, give wor or dates of service	Cer Cer	Clin	. Rec., VAH	Balto 18	. Md F	't Howa	rd Div	ision
1	18. CAUSE OF DEATH Enter only one cause		₩	· Receijing	DOT 40 TO	7	ĺ	INTERVAL BE	TWEEN
	PART I DEATH WAS CAUSED BY:	BRONCHOPNEU DA	TA T.	OFT LOWER IA	DBE			ONSET AND	DEATH
	IMMEDIATE CAUSE (o)  DUE TO	Divolivation							,
	Conditions, if any, which ) (b)								
	gove rise to immediate Couse (a), stating the under-								
	lying cause last. (c)							_ ,	
CATION	Part II OTHER SIGNIFICANT CONDIT Lymphoma, abdominal								
		b DESCRIBE HOW INJURY OCCU						OTTURE K	№ []
L CERTIF	20g ACCIDENT WAS UNDERLYING [] 20g CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D DESCRIBE MON INJURE OCCU	KKED (LI	ner norme or injury mr r	OTF - GI F GI F IS	tien to j			
MEDICAL		20d INJURY OCCURRED 20e While Not while	foctory,	OF INJURY (Home, farm street office bidg., etc.	20f (City or to	wn)	(Co.	unity)	(Stote)
ME	p m 19	of work 🔲 of work 🔲 📗			1		-20PM		
	27 I certify that (F) (this haspital) a	attended the deceased fra	July	18,1.00111	: 10	18,		that (X)	
	saw the deceased alive an July	18 19 60 , and the	at deat	accurred at	M, from the	causes an	d an the c		
	220 SIGNATURE		M.D	ATTENDING ME	D. ST.	AFF IYS [		22	/19/6
	22c PHYS CLAWS LICETET			22d ADDRESS					
		IJANOWSKI, M.D.		VAH BALTOI	8, MD FI	HOWAI	RD DIV.	ISION_	
23	BURIAL (Specify) 7-22-1	60 Baltimore N			23d LOCATION Baltimo			(Stat	e)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25a REC'E	BY REGISTRAR	25b REGIS	TRAR'S SIGN	IATURE	
	John Mr. Johnson	Oll Arlington Av	re Ba	1.to Me DATE HIL	2 2 '60	ON	Lux & A	Cours	



arthur S. Kines

VR A1S (4) 1SM 9/S9

nove carban papers. Pages 1 and 2 should be filed with the thin 72 haurs after death.

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution. Residence before odm ssion of STATE Maryland b. COUNTY	n) /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catch SVILLE  Linthlodys  Catch SVILLE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROE STATE HOSPITAL 2411 Garrison Blvd.	FARM?
3 NAME OF First Middle Last 4. DATE Month Day Ye OF OF DECEASED (Type or print) Grace Warfield DEATH July 18 19	9 60
S SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   B DATE OF BIRTH   9. AGE (In years lef JNDER I YEAR IF UNDER I SET DITTORED   1871   18	Min
10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUS RWIFE  10b KIND OF 8USINESS OR INDUSTRY 11 8IRTHPLACE (State or foreign country)  NOUS RWIFE  12 CITIZEN OF WHAT CO	UNTRY
13. FATHER'S NAME  Unknown  Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wer or dates of service) Unknown Records: SPRING GROVE STATE HOSPITAL	
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  MAMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the under. lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AU	DEATH
Gangrenous uring ry cystitis  200 ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PERFORM YES   P	MED?
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while at work at work at work at work at work at work.	(\$lah
The state of the s	
Stella Wachsler, M. D.  M. D. M. M. D. M.	)
230 BURIAL CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)  24 EUNERAL DIRECTOR'S STENATURE)  ADDRESS / ADD	

Vailord Red DATE JUL 21 '60

5305

Luck



aft		Ŧ	£	1	
		ģ	12		
Ų	•	.≘	ě		
24		eq	_	_	
. =		Œ	ge	eat	
÷		e y	2	D -	
9		<u>e</u>	ń	ofte	
- Te		E.	be	73	
Xec		TO	ğ	har	
en en		ě	ž	2	0.4
-E3		8	8	I	
00		3	e		b
差		Phy.	B	ú.	ot
8		В	- Le	6×6	-
÷		ğ	000	'n	
0		He	ğ	0	
è		9	60	0	
0		౼	É	5	
÷		٥	÷	0	
res		ned	erm	ÓF	
20	÷	.ig	ā	ē	
5	.0	E	, US	ō	
ô	ysį.	Ď,	-110	ou,	
0	b	hos	100	jo i	
-	ing	9	2	ren	
A	pua	00	je je	-	
0	÷	T	SO	ollo	
7	Ö	Š	9	Ď.	
=	0	÷	5	7	
Š	Spi	Je.	P P	pric	
5	ş	⋖	þě	Æ	
13	†he	ä	toc	60	
AT	ģ	ŭ	þ	T	
D£	Pa	뿚	مّ	O	
e.	B	0	PI	00	
TO HOSP! R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 H offi	may be re smed by the haspitol or ottending physicion.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 sh	the State Baard of Health prior to buriol, cremotion, or removal, and in any eye, "with. 74 hours ofter death	
SP	pe	NE	6.3	to to	
H	ò	F	960	φ 2	
0	8	0	ď	ŧ	
-		-			

VR A15 (4) 15M II/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

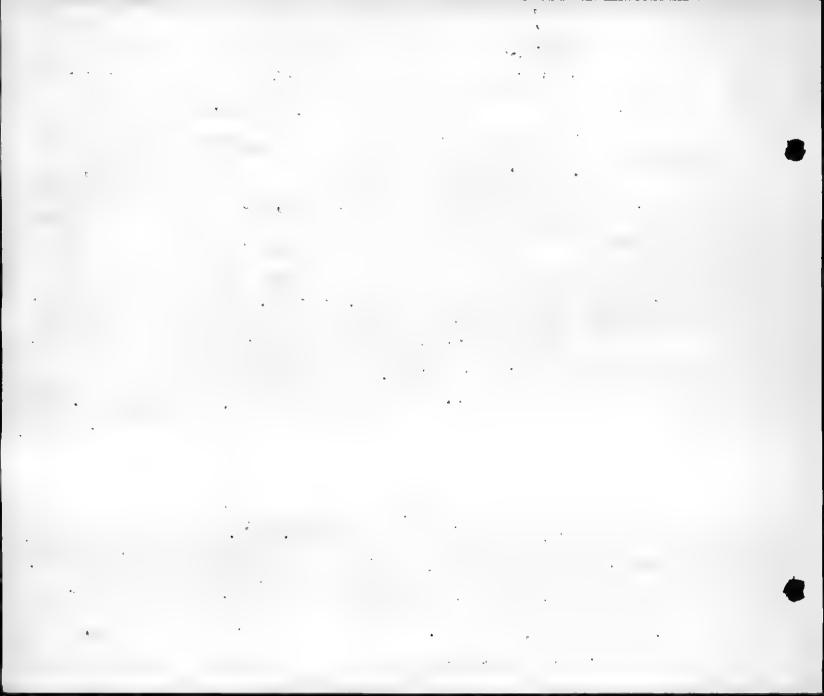
07812

		7222	Tto	CERTIF	FICA	TE OF DI	EATH	) at			(, e (	7 JL (C)	
1.	PLACE OF DEATH	land. Palt	imore	MAR	<b>rLAND</b>	2. USUAL RESID	ence (Whi	ere deceased	lived If inst b. COU		ence before i	odmission)	/
		outside corporate limi		c LENGTH OF STAY	IN 16	c. CITY OR T		utside corpo	rote limits, wr	le RURAL ond	give neares	st town)	
	OR INSTITUTION	AL (If not in hospitol, o				d. STREET A	DDRESS Bolto	n S+.				IS RESIDEN ON A FAR ES \( \text{NO}\)	M2
3	NAME OF	Fig.	-	Middle		Los		4. DATE		Month	Day	Year	
	DECEASED (Type or print)	Kate	Darb	y Watson				OF DEATH		July		19	60
5	SEX	6. COLOR OR RACE		ED A NEVER MARRI	ED 🔲	8 DATE OF BIRTH	1		9 AGE (In yo	ears IF UNDE	R 1 YEAR IF	UNDER 24	HRS
	Female	White	WIDOWE	DIVORCE	D 🔲	May 11	.1874			yrs Months	Days   F	lours N	Ain.
10	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. K	CIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPL	ACE (State of	or foreign co	ountry)	12 Q	TIZEN OF W	HAT COUN	ITRY?
	Housew		, l	Home		Mary	yland		CERT	FICATION	Y APPR	OVED	BY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME	Ь	1,17	Y 11	Kg	
_		SParby				Mary	K. Mo.	Logn	1	IN	, 00.		_M. D.
	. WAS DECEASED EVEN	PINUS ARMED FOR Pryes, gave war or dates of t		OCIAL SECURITY NO	17 17	NFORMANT V			CHIE	Addensst.	MEDICAL	de aven militario	
	No			None		s. Hower	d 0.	Buffir	ngton	338 Cr			
		TH [Enter only one co	use per lini	for (a), (b), and (c)	]						ONSET	AND DEA	EN TH
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (d	1	7. 772006	dr	Brown	bruse				20	li g	2
		DUE TO	1	1.1	~ t	,					1-	10 C	
	Conditions, if or		, ( es	ranges 0	ro	My selo	role				- Y	ors	
	gove rise to in couse (o), stating t lying couse lost		Conc	moma 4th	Lui	Terus, &	Bolet	12 /	lareis	1	4	Core	
CATION	PART II OTH	ractine of	left 1	/	the same of the sa	PH60	THE TERMI	NAL DISEASI	E CONDITION	I GIVEN N. PA		WAS AUTO PERFORMENT ES NO	D?
CERTIFI	200 ACCIDENT WA OR CONTRIBUTING (IF E THER, NOT FY	S UNDERLYING     CAUSE OF DEATH MED CAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter noture o	f injury in P	by me	t II of item 18	)			
ČAL	20c. TIME OF INJUR			JURY OCCURRED		ACE OF INJURY I			or town)		(County)	{*	Stole)
MED	Hour a.m	21 APV 196	O of work	Not while		ctory, street, office	biog , erc	13	a thou	and a		9	nd
		t (I) (this hospita	<u></u> attende				. 19	6 to	15 fo		60, that		
		ed alive on 15	fur!	196_Q , ond	thot o	death accurred	d at 8_P	M, from	the couses	ond on th	ne dote si		
	220 SIGNATURE	m.A.C	E 4 3	<del>/</del>		M.D. PHYS.	DIF	D RECTOR [	STAFF PHYS [	16	A46	6 S C	SNED
	22c. PHYSICIAN'S NAME (Type)	William F.	Cox	3rd.		22d ADDRE	P 57	Pa	15%	R. Chir	me )	Bad	/
23	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	)F	23c. NAME OF CEM				23d LOCA	TION (City, to	wn, or county	)	(State)	
_	Burial	7-18-60			Joh	ns		F	Illicot	t City	Mary	land	
	FUNERAL DIRECTOR'S	s signature tchell & Se	ne 1	ADDRESS	Engles	Place		BY REGIST		REGISTRAR'S S	GNATURE"		
	-OTHE OF SWIT	CONTOTT OF OF	MIN 4	-1704 TOOO	-u va	" - TWOC	DATE 51	£ 1876	U	Ostlun !	9 4		



hat

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7690

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

o. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Who o STATE Md.		If institution COUNTY	Residence before odm Balto.	iission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Reisterstown	STAY IN 16	c CITY OR TOWN (If o	, i	its, write RUR.	At and give nearest to	iwn]
d NAME OF HOSPITAL (If not in haspital, give street oddress) OF INSTITUTION NICODMUS Road		Nicodemus F	Road		ON	ESIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print) Daniel W.	Middle Wh	lee <b>ler</b>	4. DATE OF DEATH	July Month	16, 1960	Year 19
S SEX Male  6. COLOR OR RACE WIDOWED  DIV		DATE OF BIRTH	9 AGE 1031 61		UNDER I YEAR IF UN Agenths Days Haus	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refried)  School bus driver  13. FATHER'S NAME	NESS OR INDUST	Marylar  14. MOTHER'S MAIDEN N	nd		12 CITIZEN OF WHA	I COUNTRY?
Daniel W. Wheeler			ne Pereg	oy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY OF THE PROPERTY OF THE PROPER		ormant s. Hilda D. W	Theeler	Address Reis	sterstown, N	íd.
Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.	Kef	ias				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJ OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONE	OIT∙ON GIV€N	PER	S ALTOPSY FORMED?
	URY OCCURRED.	(Enter-nature of injury in I	Port I or Part II of it	iem 18.)		
7 20c TIME OF INJURY Month, Day Year 20d. INJURY OCCURR Hour o m. 19 While all work ☐ of work	2	CE OF INJURY (Home form orry, street, office bldg, etc.		n)	(Caunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME O	that death of the comment of the com	o. Reiste	address (Street, c)	auses and the or town, stee	nf 7-	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  J. F. Eline & Sons Reisterstown	n Md		D BY REGISTRAR		RAR'S SIGNATURE	
A 1 . DYTHE OF DAMP METROCI. 200MI	I Pict	DATE	1 4 0 160	Chil	w/ d, /igass/4	



S. Phillips 1808 N. Monroe St.

Baltimore 17.Md.

IS RESIDENCE

Doys

Hours

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

(County)

25b. REGISTRAR'S SIGNATURE

Orthur S. Frank

25g. REC'D BY REGISTRAR

WAS AUTOPSY PERFORMED?

YES NO T

(Stote)

22b DATE SIGNED

(Stote)

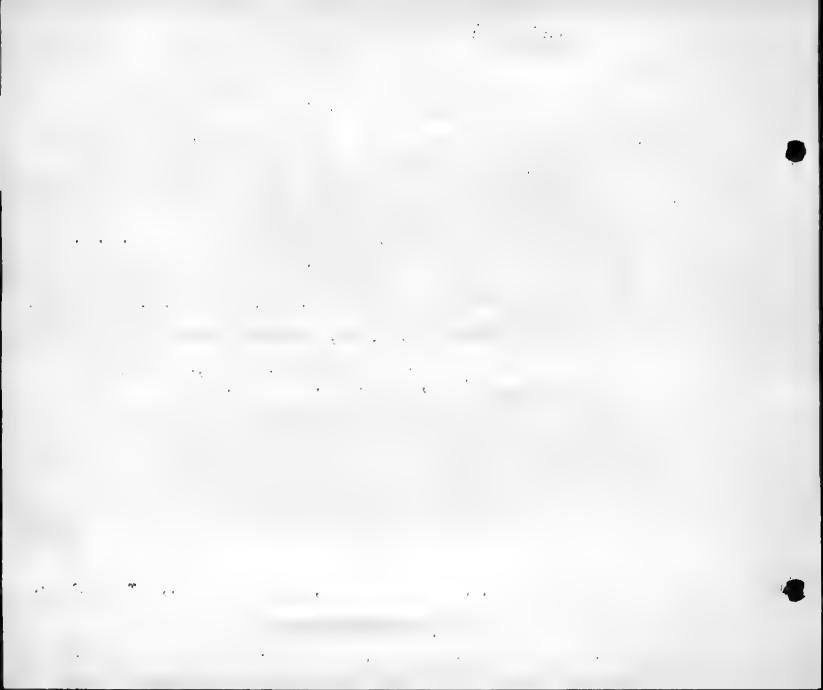
ON A FARM?

YES NO TH

Year

180

0 VR A1S (4) TSM 9/59



	MARYLAND STATE L DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND	
	7831 CERTIFICA	ATE OF DEATH	07816
1	PLACE OF DEATH O. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Reside	ence before admission)
	b. CID OR TOWN (If outs de corporate limits, write c. LENGTH OF STAY IN 16	c CITY OF TOWN (It outside corporate limits, write RURAL and	d give nearest (Own)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUT ON  ADMINISTRATION	1/6 Park Dr.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Emmal 9 White	Last 4. DATE Month OF DEATH	Day Year / 194
5(	SEX 6 COLOR OR RACE 7 MARKIED NEVER MARKIED []  Temple White WIDOWED [] DIVORCED	B DATE OF BIRTH  3/26/82  SAME (n years 19/CNDE)  Tost birthday)  Months  Yes.	ER I YEAR IF UNDER 24 HR Days Hours Min
10	during most of working life even if retired)  MUSUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12.C	ITIZEN OF WHAT COUNTR
13	FATHER'S NAME Bowling	14. MOTHER'S MAIDEN NAME  - Untonown	
	WAS DECFASED EVER IN U. S. ARMED FORCES? 16. SCIAL SECURITY NO. 17. (15. no. or unknown) 14 yes. give war or dates of service)	Melven S. White	
	1B. CAUSE OF DEATH [Enter only one couse per bef for (a), (b), and (c) ]  PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Light Static Anumnice	ONSET, AND DEATH
	Conditions if any which gave rise to immediate	ilan Renal Lyila & C	20/16/11/
~	cause (a) stating the under. DUE TO Clause // // // // // // // // // // // // //	lele,	
ICATION	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	3/14/ku	ART 1(6) 19 WAS AUTOPS PERFORMED? YES NO
AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of impury in Bart I or Port II of Item 18)	
MEDICAL		PLACE OF INJURY (Home, form, 20f (City or town) actory, street, office bldg., etc.)	(County) (Stat
	21 I certify that (1) (this hospital) attended the deceased fram.	death accurred at 1PM, from the causes and an ti	he date stated above
	20 SIGNATURE Cole Lit 1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b DATE SIGNI

70,0

7 %

ATTENDING PHYS. M.D 22d, ADDRESS

22c. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION, 236 DATE THEREOF

23d LOCATION (City, town, or county)

(Stote)

25a. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

JUL 1 3 '60 DATE

Circling S. Krans

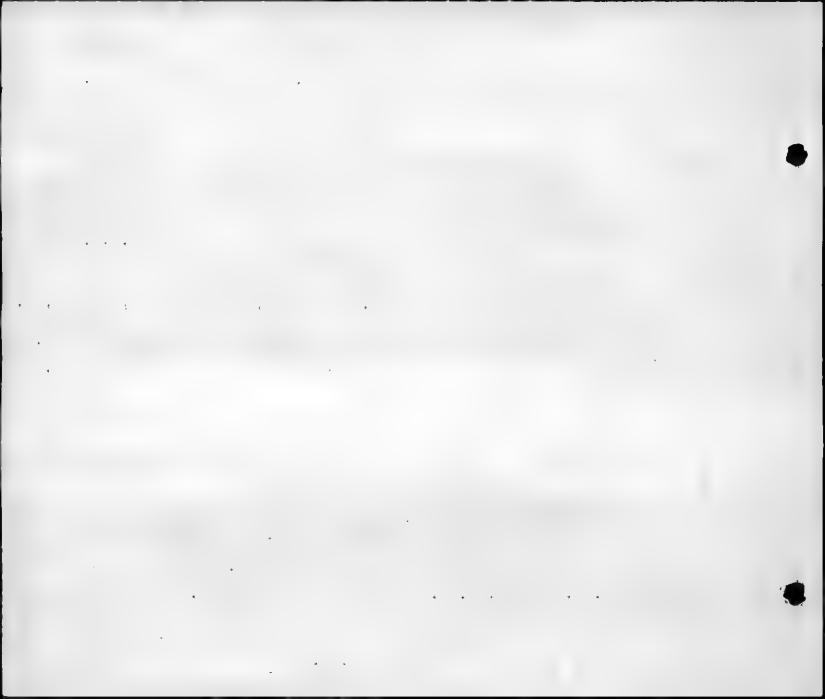
VR A15 (4) 15M 9/59



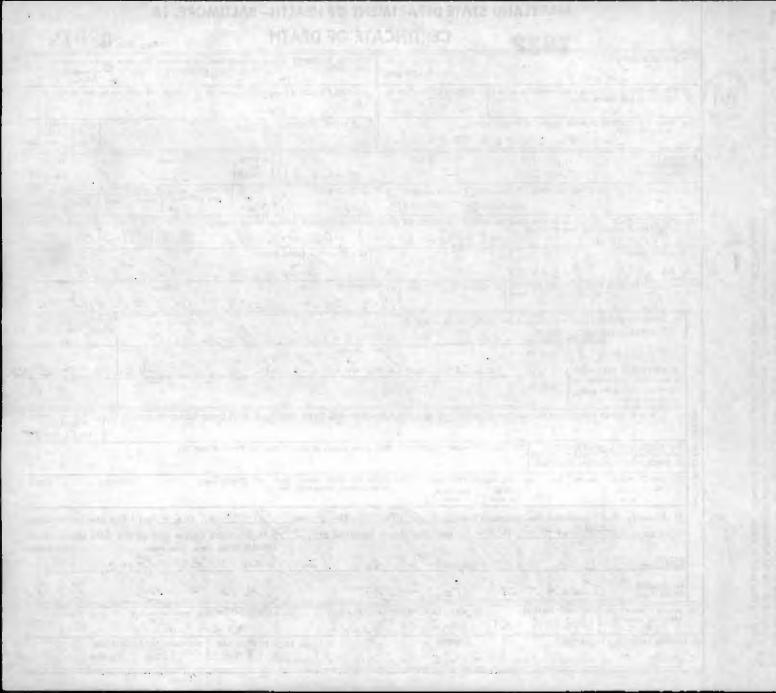
VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTME	NT OF HEALT	H-BALTIMORE, 18
7691	CERTIFICAT	TE OF DEAT	н .

		769	1.	CERTIF	ICA	TE OF DE	ATH	l		Reg. Dis	1128	17
	PLACE OF DEATH	ltimore		MARYLI	UND	2. USUAL RESIDEN o. STATE	. "	re deceased	lived. If institut b. COUNTY	,	e before o	•
b. CITY OR TOWN (if autside carporate limits, write RURAL and give negrest town)  Glyndon  L4 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sparrows Point							
d NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION 14 AMES Place						//	d. STREET ADDRESS  604 C Street					
	NAME OF DECEASED (Type or print)	Rebecc		Jane		White		4. DATE OF DEATH	Ju	ly	Doy 5	19 60
5. :	Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED		July 30,	18	10	9. AGE (In years last birthdoy) 9 1 yrs			UNDER 24 HRS, ours Min.
100	during most of work Housew	cing life, even if retired	lone 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC		•	untry)		S.A.	VHAT COUNTRY?
13.	FATHER'S NAME	homas Ma	son			Julia						
15. (Ye		R IN U. S. ARMED FOR (If yes, give wor or dates of s	(sorve	SOCIAL SECURITY NO.		s. Mary	Ros	s,14		lace,	Glyn	idon, Md.
		ATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ongestive	he	art fail	ure				INTERY/ ONSET	HTASO DIA
	Conditions, if or gave rise to it catse (a), stating lying couse last,	mmediate (	A:	rterioscle	ero	tic C-V	Dis	еаве			1	yr.
CATION	PART II. OTH	TER SIGNIFICANT CON	_	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO TH	IETERMIN	AL DISEASE	CONDITION GI	VEN IN PART	P	WAS AUTOPSY PERFORMED?
L CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH		none	URREC	(Enter nature of in	ijury in Po	art 1 ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye NON€ 19	While	NJURY OCCURRED 2	fore	CE OF INJURY (Har fory, street, affice bl	ne, farm, kig., etc.)	20f. (Cily nor		(C	(ounty)	(State)
		.3_60		ed from 7-17- , and that d		occurred at	7 A		the causes (	and on th	ne date :	the deceased stated above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	D. D. Car			_	Reist				the sale of sales are sales		
	REMOVAL (Specify)	-	)F	Baltimos		Cemetery	7	Ba]	Itimore	Mary	yland	(State)
23.	Valle 13	mealis Gra	dlu	, ·	alk	22, Md		BY REGISTE	Λ	istrar's sign	4 .	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR ATS (4) 15M 9/59

	N	MARYLAND	STATE I	DEPARTA	MENT (	OF HEA	LTH
	DIVISION	OF STATISTICAL	RESEARCH .	AND RECORT	DS - BA	LTIMORE	, MARYLAND
70	99	CEI	RTIFICA	ATE OF	DEAT	Н	

CATE OF DEATH	178	31	
---------------	-----	----	--

	400			-							
1. PLACE OF DEATH	TIMORE		MARY	LAND	2. USUAL RESID	ARYLAI	ere deceased ND	lived. If institution b. COUNTY	on: Residence	before o	dmission)
B. CITY OR TOWN	(If outside carporate limi pacrest town) OWARD	ts, write	2 DAYS	IN 16		OWN (IF or		te limits, write R	URAL and gi	ve nearest	town)
d. NAME OF HOS OR INSTITUTION VE TERA		d. STREET A	-	IBERTY	HEIGHTS	AVE	(	RESIDENCE ON A FARM?			
3. NAME OF DECEASED (Type or print)	erved as:Alt	Sert ERT	Widdle		ZIEMAN <sup>ost</sup> ZIEMAN		4. DATE OF DEATH	July	th.	Doy 29	Year 19 60
S. SEX		7. MARR	NEVER MARRIE		July 2	_		AGE (In years lost birthdoy) 67 yrs.			UNDER 24 HRS.
MALE	TION (Give kind of work	1							19 (1717	ENIOE WI	HAT COUNTRY?
during most of w	orking life, even if retired		ONSTRUCTION		-		, MARY		USA		TAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
August Z	iemann				Emm	a Fel	gner				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17, INF	ORMANT			Add	015		
yes	(If yes, give wor or dates of s		5-09-7528	Cli	n.Rec.V	AH Ba.	1to 18	, Md Ft	Howard	Div	ision
	EATH [Enter only one co	use per lir	ne for (a), (b), and (c).]							INTERV.	AND DEATH
PART I. D	EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (d	MAS	SSIVE GASTR	TIMIO	ESTINAL	HEMOR	RHAGE			1 4	leek
204	DUE TO	ACUI	E MYELOID	LEUK	EMTA					14	months
Conditions, if	ony, which ) (b	1									
gave rise to	immediate DUE TO										
lying cause los		1									
Z PART II. C	THER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY
PART II. C					-0/=						ERFORMED?
O (IF ETHER, NOTE	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OF	CCURRED	(Enter noture of	injury in P	Part Lor Part	II of item 18.)			
20c. TIME OF INJ	10	or 20d. It While at wor	Not while		CE OF INJURY (Fory, street, office			or town)	(Ca	ounly)	(State)
21. 1 certify t	hat M (this haspital	1) attend	led the deceased	framJt	ly 27	0.19	60 to J	uly 29	19 60	) that	(*) (we) last
	ased alive and the					- X + O   C	1				
22a. SIGNATURE	The did			11101 00	Jan asconed		ing truit i	ne edoses on	u on me	daic a	22b. DATE
	MIHAMA.	nn	wols	M	D. PHYS.		ED.	STAFF PHYS.			7/29966
22c. PHYSICIAN'S		-			22d. ADDRE						
NAME (Type	WALTER J.	PIJAN	owski,		HAV	Ft H	oward :	Div. Bal	to 18	, Md	
23a. BURIAL, CREMAT	ION, 236. DATE THEREC	)F	23c. NAME OF CEME	ETERY OR	CREMATORY		23d. LOCATI	ON (City, town,	or county)		(Stote)
Burial (Speci	" 8-1-6	0	Baltimore	Nati	onal		Balt	o. Maryl	and		
24. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS			25a. REC'E	BY REGISTR		STRAR'S SIG		
Wm. Cook-	Blight 600	9 Har	ford Rd B	alto	Md	DATE AUS	G 3 '60	an	thur S. 1	Trans	

A DESCRIPTION OF THE WAY OF THE PROPERTY OF TH -10 THE TOTAL TO THE TOTAL AST ANALYSIS ANALYSIS OF MICHIGANIS managed thanks of the order ball of the ba AND THE STREET, STREET, WHILE SHARE STREET, THE STREET, THE BOTTON AND THE TOTAL CHARGE TO BE A